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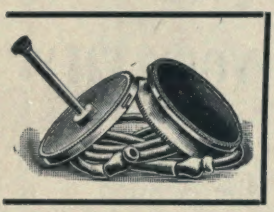

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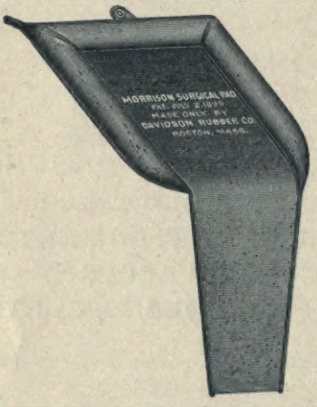

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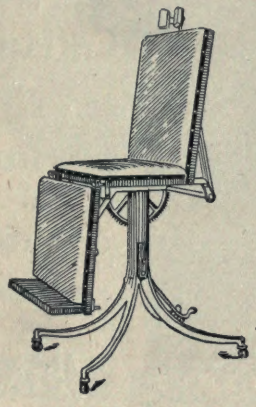

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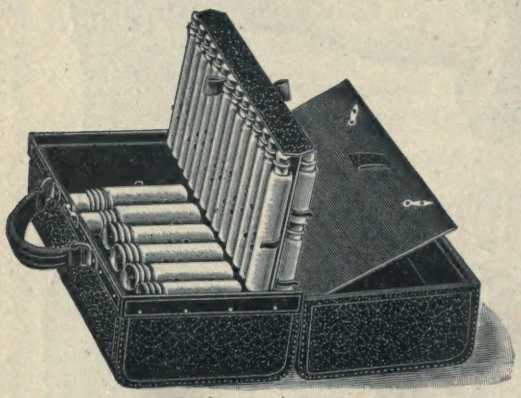

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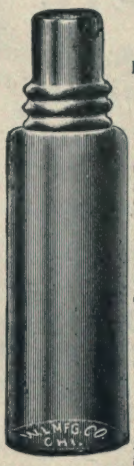

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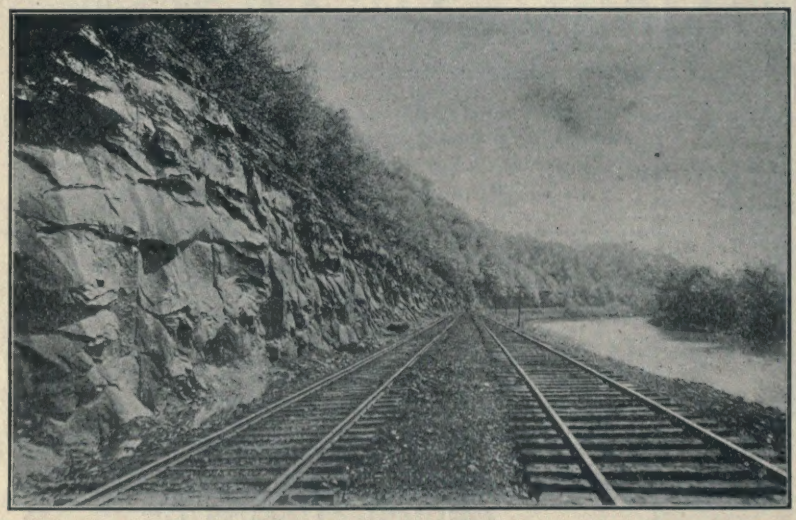

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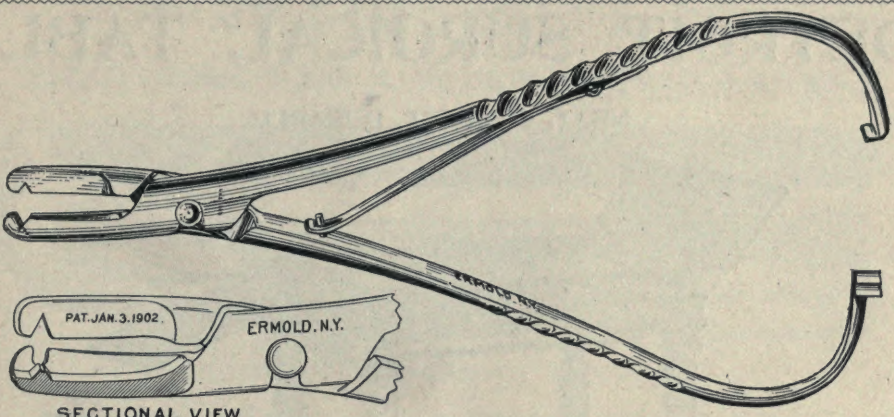

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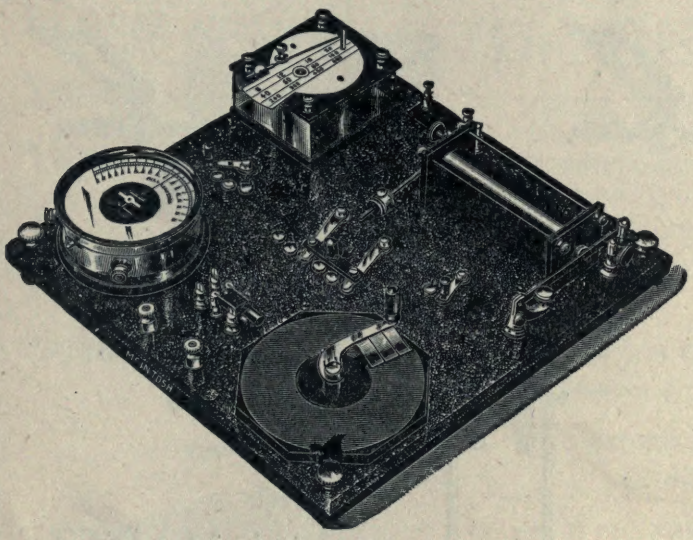

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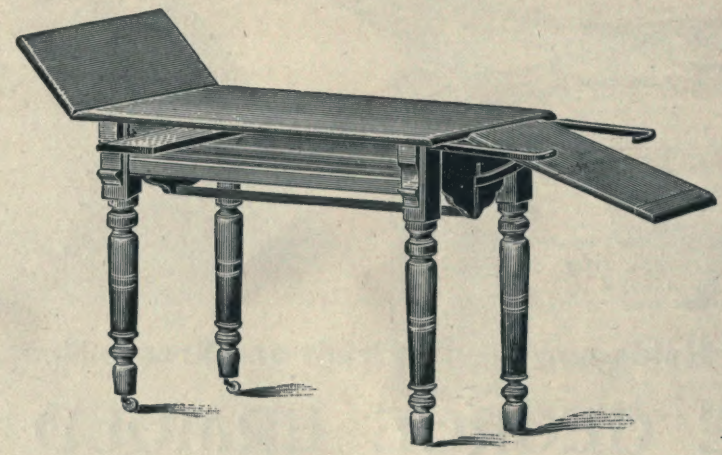

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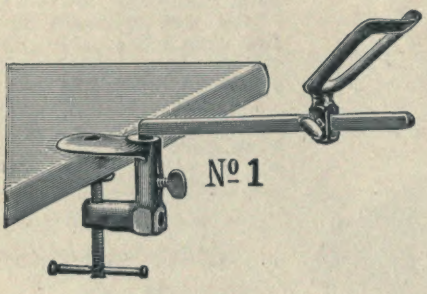

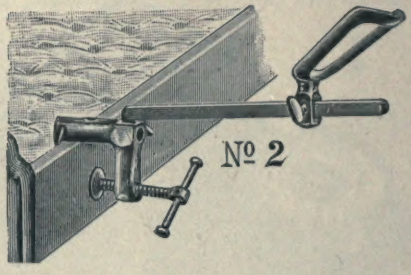

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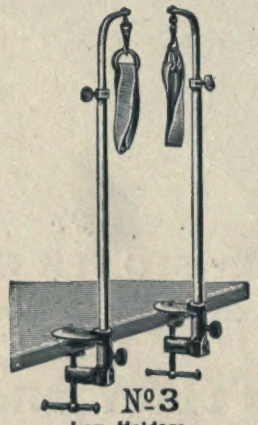

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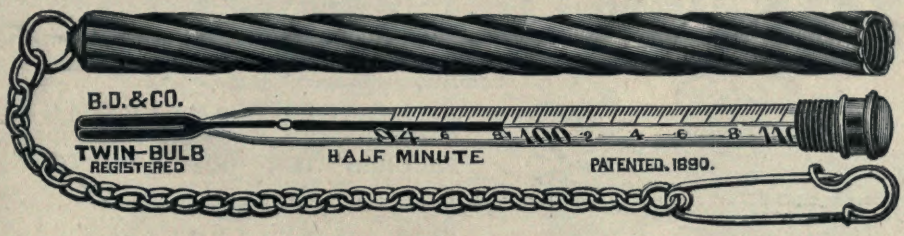

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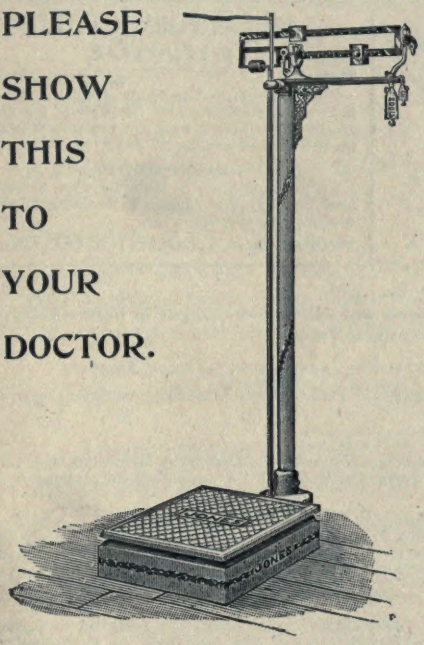

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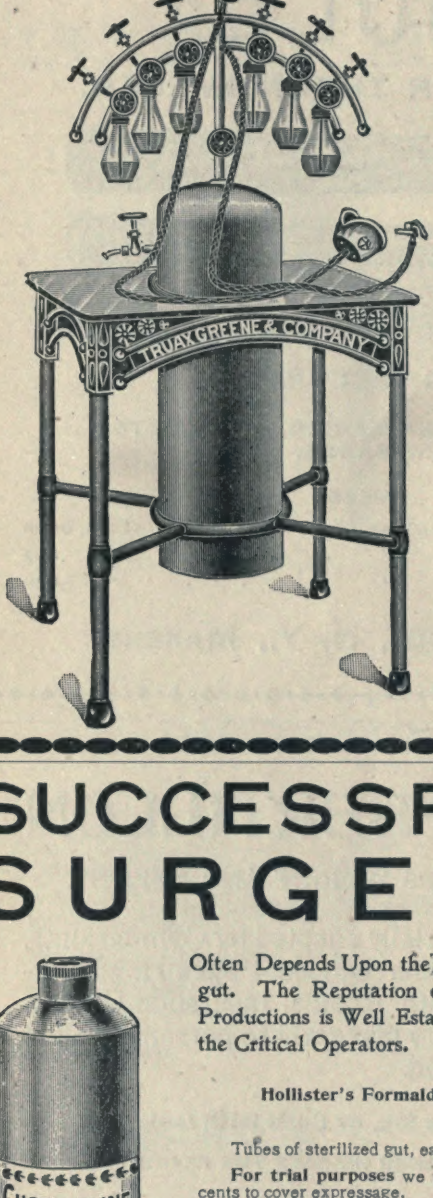

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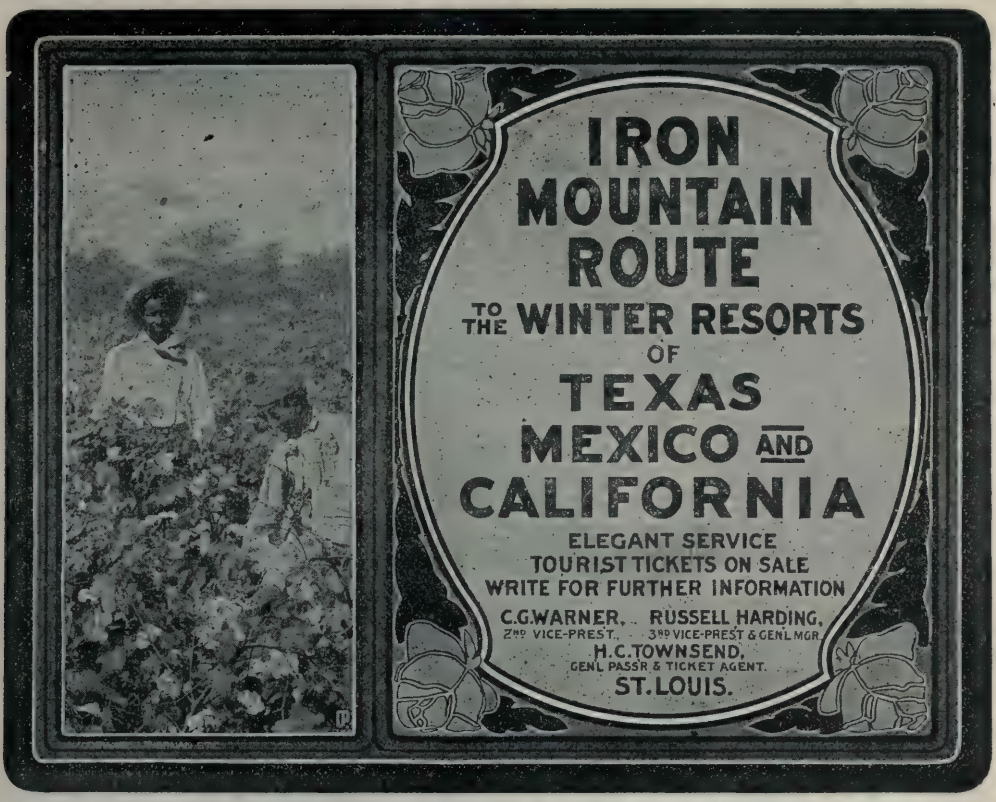

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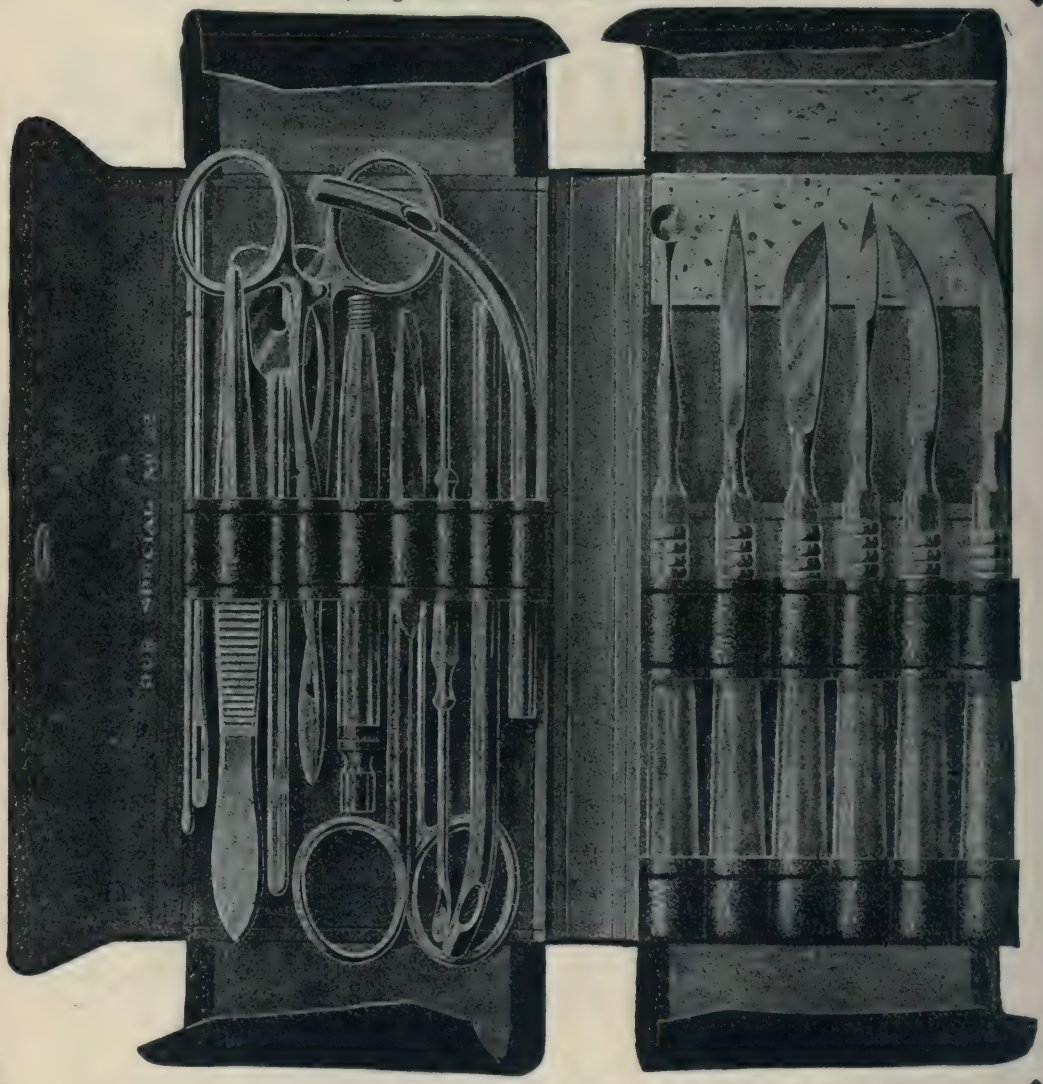

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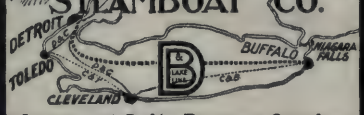

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DETROIT MEDICAL JOURNAL

ORIGINAL ARTICLES

THE MEDICAL SIDE OF GYNECOLOGY.*

BY EDWARD W. JENKS, M. D.,
Detroit, Mich.

I have been prompted to write a brief paper on the subject announced, and dealing only with generalities, by the remark made to me by one of our distinguished Fellows, that "there is no such a thing as medical gynecology."

We all know that since the organization of this Society the methods of the gynecologist have changed, great advances in surgery have been made, new surgical operations have been devised, and the mortality succeeding surgical procedures greatly diminished. The general surgeon has invaded the field of the gynecologist, while the gynecologic surgeon, in turn, not infrequently operates upon anything operable, be the patient male or female.

The many prolonged lives consequent upon the evolution of gynecologic surgery is a matter for congratulation and deserving of the highest commendation, not alone by the entire medical profession, but by altruists also. The brilliant achievements of accomplished abdominal and gynecologic surgeons have had an additional effect in bringing into existence many surgical and gynecological neophytes who attempt the kind of professional work that only masters are equipped for. Often these men acquire an excellent surgical technique, but wholly ignore valuable and ancient landmarks; they are men to whom prognosis is a lost art and diagnosis is only determined after a use of the knife. A few years ago mutilation of women by surgeons of this class in every hamlet and country crossroads was of common occurrence. The *êclat* of surgical operations put conservatism in the background; recoveries from operation were counted as cures, but the many neurasthenic, insane, and utterly miserable women, needlessly or too much operated upon, even yet continue to afford abundance of evidence that recovery and cure are not synonymous terms. The results of such gynecologic surgery in full swing a decade ago are still apparent, as there seems to have grown up, in consequence, what may be termed a new school of gyne-

1Read at the meeting of the American Gynecological Society in Atlantic City, 1902.

(From American Journal of Obstetrics.)

cologists, who look upon the literature of the past as rubbish, all of its pathology faulty, and its teachings pernicious. To them libraries are no longer of value, and only recent publications of surgical exploits, damp from the printer's ink, are worthy of consideration. Materia medica comes in for more than its share of ridicule by this newest school, they seeming to forget that a thorough knowledge of the treatment of the diseases of women, which implies a certain degree of familiarity with materia medica, is an essential prerequisite for the thoroughly prepared gynecologist.

The distinction of making many surgical operations often brings reputation and pecuniary compensation out of all proportion to the rewards of patient labor in the field of pathology and therapeutics. For these reasons it is not wholly surprising that medical gynecology has failed to be an attraction to many, for genius has exhibited its triumphs more frequently in surgical gynecology.

It is true that in the past, in private practice and in the medical wards of our hospitals, many gynecologic cases have been treated by medicine only, and have died, that if met with at the present time would have been treated and cured by surgical means. It is also true that many gynecologic operations are successfully made by general surgeons, but that does not make them accomplished gynecologists.

It may be of some interest, as bearing upon this point, to note that one of our Fellows has had made for him quite recently an investigation of the results of a year's work of surgical gynecology in nine large hospitals, and that the mortality of the cases in the hands of general surgeons was 6 per cent, while in the hands of gynecologists it was 3.8 per cent.

There is a medical side to gynecology that cannot be ignored, for a special training, together with a thorough knowledge of general medicine, are essential prerequisites for the making of the ideal gynecologist. At least one-half of the women seeking for advice and relief for disorders peculiar to their sex are suffering from some deranged condition of the eliminative organs, as shown by constipation or defective elimination of solids in the urine. Even where there are lesions in the pelvic organs, no relief from distressing symtoms can be secured until underlying constitutional causes of pain and general poor health are first ascertained and removed. The rheumatic and gouty diatheses are responsible for many of the uncomfortable and distressing symptoms, with or without pathological changes within the pelvis, for which the aid of the gynecolgist is sought. There are many derangements of the system which closely resemble diseases of the pelvic organs. For instance pain in the back, the commonest complaint of women, may be due to coccygodynia, or myalgia, or chronic malarial toxemia, or other constitutional causes pain in the abdomen, sometimes attributed to the ovaries, may be due to habitual constipation or to an atonic condition of the large intestine.

We recognize the fact that chronic constipation, with the consequent pressure upon the left ovary, is one of the most frequent conditions giving rise to ovarian pain with many reflex symptoms, such as sympathetic sciatica, so closely resembling ovarian disease as sometimes to be thus designated.

Upon another point it has recently been aptly said: "No gynecologist of experience is likely to undervalue the retroactive effect of the nervous and mental symptoms upon the one hand with the pelvic organs upon the other; but such a man will always realize the rarity with which neurasthenia, or similar affections of pelvic organs, are disassociated from distinct pelvic symptoms."[1]

[1] Dr. Edward Reynolds.

Hepatic disorders may frequently be mistaken for uterine, while the reverse holds true. Other constitutional diseases coming under the care of the gynecologist because the subjects are women, with symptoms indicating some pathological changes in the pelvic organs, require no surgical interference, but medicinal treatment only. Other conditions frequently arise where a clear and definite acquaintance with the diseases of the chest and a practical knowledge of auscultation and percussion are essential to a complete diagnosis. Many of the disorders of menstruation can be best treated medicinally—and that they are common no one can gainsay.

It is not my purpose in this paper to attempt to specify diseases or conditions for which medical treatment rather than surgical promises the best results.

I am convinced that some of the medical schools are somewhat responsible for the neglect of medical gynecology. Surgical technique is taught in all its refinements, but symptomatology, differential diagnosis, and the treatment of diseases of women amenable to medicinal remedies cannot receive adequate attention in the brief time devoted to them, if one can judge by results. I have myself known of several ordinary practitioners of medicine tiring of the routine of general practice, to spend a few weeks taking a post-graduate course of instruction, and then announce themselves as gynecologists. They had the best of teachers, from whom they acquired a knowledge of technique and surgical operations they did not before possess, but otherwise seemed to have acquired no new knowledge. The treatment of disease by other means than surgical seemed to possess no attraction for them and was of minor importance. The glamor of gynecologic surgery had obscured the commonplace, but equally important, study of gynecologic medicine.

The experience of all gynecologists who are not interested solely in operating will bear out the assertion that the first essential qualification to successful practice in this specialty is a wide and extensive knowledge of disease, but more especially chronic constitutional disorders.

It is true that gynecology is, in part, surgical, and without surgery it would be relegated to the position it occupied three-fourths of a century ago. Surgical procedures are in many ways more satisfactory than other methods of treating disease, by reason of the brilliancy of execution and the more speedy certainty of results—to say nothing of higher remuneration. But in all candor may it not be asked, "Are not surgical matters being cultivated to the exclusion of medical?" Pathology, symptomatology, diagnosis, prognosis, together with clear and definite ideas of the physiological action, range of application, and the expected results of medicinal remedies prescribed, are as essential to the gynecologist as is dexterity in surgical operations.

Mill, in an address to the University of St. Andrew some years ago, said: "It is the utmost limit of human acquirement to combine a minute knowledge of one or a few things with a general knowledge of many." This general knowledge of medicine and surgery, and the application of it in his special work, makes the accomplished and skillful gynecologist.

"The future of gynecology," very aptly says Dr. Reynolds in his recent address to the Maine Medical Association, "lies in the careful, thorough, and scientific study of every agency which bears upon the pelvic organs of women, and of all the agencies which may be employed for the relief of pelvic disease, medicinal, hygienic, and psychological, as well as the merely surgical."

There are, for obvious reasons, those whose entire time is absorbed by operative work, and who, by reason of their surgical skill, add to the glory of gynecologic surgery; of such men it is unbe-

coming to say a word in derogation, but everything that is possible in commendation. The aim of this brief and imperfect paper is not to criticise, but it is a plea for the medical side of gynecology and that it be not relegated to obscurity in our zeal to advance gynecologic surgery. I wish also to enter my protest against so many calling themselves gynecologists who plough only in one furrow of the field of gynecology, while the field itself is only a part of the great domain of medicine and surgery.

It seems to me proper in this connection to say a few words concerning the function of this Society in equalizing, if it may be so termed, the practice of gynecology. The transactions of this Society are not for its Fellows only; its utterances are authorative, for within its fellowship, from its organization to the present time, American gynecology has had its best representatives. Their influence is educational and far-reaching in moulding the thoughts and influencing the actions of very many in the profession who aspire to perfect themselves in practical gynecology.

As pertinent to my theme, I conclude by quoting from the address of one of our honored Presidents, who during his lifetime was distinguished alike for his skill as an operator and the profundity of his knowledge in every department of medicine:

"This Society, as the name in its broadest sense implies, comprehends all that pertains to obstetrics and the diseases peculiar to women, and hence have to deal with the most complex structures and functions manifested in the universe. It follows, therefore, that, while a thorough knowledge of the special subject is an absolute necessity, a certain familiarity with all collateral branches of medicine and surgery is highly essential to the accomplishment of the ends and aims of all who claim fellowship here. If a man devotes his whole time to the practice of one branch of medicine or surgery, he should not expect to be excused if he lacks a general knowledge of al the great principles of the science o medicine. On the contrary, the one i required as a basis for the other."[2]

84 Lafayette Avenue.

Street Cars and Germs.—While the average adult should inspire 396 cubic inches of fresh air a minute, this is impossible in the street cars of to-day. A New York sanitary engineer found as much as 26.2 parts of carbonic acid gas per 10,000 volumes of air in the trolley cars in New York City. This is to some extent due to insufficient heating of the cars, the windows being in winter necessarily tightly shut. The cocoanut husk mats on the floors of the cars have been examined, single fibers 1½ inches long holding from 3,000,000 to 4,000,000 bacteria. And yet this air compares favorably with that found on many railroads In the Mont Cenis Tunnel the air contains 107 parts of carbonic acid; in cars in the Mersey Tunnel in England, 26.4 in an electric car in the new Boston subway, 24.97; and in the Metropolitan Railway Tunnel in London, 98.4 parts per 10,000 volumes.—(*Philadelphia Medical Journal.*)

Initiation.—Apothecary (to new helper) "And this is aqua destillata. That's what we give to patients in very serious cases—you know, when we can't just make out what the prescription is."—(*Fhegende Blaetter.*)

No Pad for Movable Kidney.—Treatment of movable kidney is essentially surgical. In times past the bandage and kidney pad was much worn, but since the advancement in surgical technique these means have been discarded. At best they did no good, and at times actual harm came from the pressure over the kidney. Menge reports albumen and blood in the urine of fifteen persons wearing the pad whose urine was normal before putting it on.—(Dr. T. C. Witherspoon, in *Interstate Medical Journal.*)

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2 Alexander J. C. Skene, Presidential Address, 1887.

CONSERVATIVE SURGERY.*

BY CHARLES W. HITCHCOCK, M. D.

Analagous to the victories of Peace are the triumphs of conservative surgery. Too often are the specimens exhibited to our societies demonstrations of how many important organs the human being may do without and still "live to tell the tale." Constructive is always better than destructive surgery and our mission as conservators of all that can be made useful is too often lost sight of. The easier and straighter path is frequently taken and every diseased or mutilated part unhesitatingly lopped off. Further bother is thus saved to the lazy surgeon.

It is not two years since, before the Medical Library Association, one of the reasons justifying an hysterectomy was given—"that the organ might not again become flexed." The case which I have to show you well repays a little conscientious effort on the conservative side.

On January 8, 1901, this boy, Jacob M., aged 15, in good health, brought his left hand into contract with a band-saw so as to receive on its dorsal aspect a deep lacero-incised wound, which severed the superficial tissues, the four extensor tendons and the four metacarpal bones, just back of their distal extremities, opening into the metacarpo-phalangeal articulation of the index finger. Fortunately, the palmar arches were not wounded, nor was the nerve supply of the fingers (entering through the deep tissues on the palmar side) destroyed.

The bones were somewhat comminuted, as is common in cases of saw-wounds; but, desiring to have organized all the bone possible, I removed none of the small pieces. Some of these afterwards broke down and were discharged as a thin brown pus after a few days, preventing union by first intention on the part of the superficial tissues, and necessitating the removal of two or three sutures. The hand was dressed and kept upon a palmar splint, which was discarded after six weeks. Approximation of the severed ends of the extensor tendons was nicely made and the apposition secured with cat-gut sutures.

Recovery was prompt and satisfactory and the boy has a useful hand. Not long ago, such an injured member would have been unhesitatingly amputated and I fear that in some quarters, even to-day, this would have been thought the shorter and better plan.

The following points, it seems to me, are worthy of note:

1. The evident good union of the sawed bones, in spite of the considerable comminution.

2. The slight impairment of the metacarpo-phalangeal articulations, although the fracture was very near these joints and one involved the joint.

3. The good union of the extensor tendons (which were not cleanly cut through, but lacerated more or less), as evidenced by the excellent restoration of the extensor function. And

4. The saving of a useful hand, after an injury so severe as to make such a possibility somewhat problematical. The boy was ready for work eight weeks and one day after the injury was received.

The evident moral is this: That no surgeon is justified in destroying that which there is any possibility of saving and making of good use to his patient.

270 Woodward Avenue.

*Reported to Detroit Medical Society.

At the Top of the Heap.—"You must abandon all business cares for the future," says the physician. "But I fear that I have not yet accumulated sufficient money," protests the multi-millionaire. "Sufficient?" repeats the doctor. "Why, my dear sir, you have enough money to pay physicians' fees for the rest of your life."—(*Baltimore American.*)

AN UNDEVELOPED INDUSTRY.

Now that the co-operative idea in the matter of commercial investments has received such a strong endorsement from the medical profession, let us suggest a new and much needed industry, from which money can be made if it is once properly established and conducted.

There are nearly 125,000 physicians in the United States and Canada, and hence a large demand for surgical instruments. Still, nearly all the so-called instruments are imported from Germany, France and England. The duty levied upon surgical instruments by the government of the United States is 45 per cent ad valorem; this, combined with the approximate cost of transportation, insurance, entry fee, counsellor and broker's fees, amounts to at least 5 per cent more, which brings the tariff up to fully 50 per cent. This would seem to give home industry a large advantage over foreign manufacturers and ought to afford sufficient inducement for home capital to start an industry of this kind here. Such an establishment, combined with American inventive genius and American methods of manufacture on a large scale, with our advanced ideas in using machinery instead of hand labor, ought to be a success and the proposition in general is a most attractive one.

While it is true that many of the finer surgical instruments must of necessity receive more or less manipulation by hand, a large proportion can be made by the new methods of drop-forging and stamping, comparatively little hand-labor being necessary. We know of no industry so important, and with such a growing demand for its products, which is not already catalogued among the business enterprises of the United States and Canada. Other products used by the medical profession, such as surgical dressings, medicinal preparations and drugs, are manufactured in this country and exported on a large scale. America leads the world in the manufacture of fine medicinal preparations, tablets, pills and so on, and supplies the market not only with the prepared products manufactured by our improved methods, but also with the machinery, invented and designed in America, with which the manufacturing is done. The home market alone would offer sufficient inducement for the establishment of a surgical instrument manufacturing plant, to say nothing of the number of instruments so manufactured that could be exported from America, if made here on the same lines as are other products used by the medical profession.

It is a well established fact that the hospitals and sanitariums in America are much better equipped than are foreign institutions. They are modern, up-to-date, aseptic, and show the effects of a much larger sum of money than is the case with institutions abroad. Such is the verdict of every progressive physician who seeks to increase his knowledge by travel and it shows that the field for the establishment of an industry such as we have mentioned is much better here than it is in foreign countries. The lack of skilled operatives has been a difficulty in the way of manufacturing hospital equipment in this country, as the home of these men is chiefly in Germany, where they buy their forgings from factories, finish the goods in their own homes and then re-sell them to brokers and exporters.

Important changes have taken place in the methods of manufacture of these goods which would enable a well-equipped concern to manufacture them by modern means, drop-forging and stamping all brass goods, thereby largely doing away with the necessity for skilled labor and producing a better product at one-half the price it would take to manufacture it by hand. It is along these lines that the industry must be inaugurated in this country.

Such goods as the Sims speculum, the Graves speculum and many other of the

simpler instruments, have heretofore been made from castings. For such goods, moulds are made of the best steel and the instruments are pressed or stamped into form. By this means, waste and imperfect instruments are eliminated and goods are produced which are much more beautifully finished, besides being lighter and stronger than those made by any other method. When the Graves speculum was first put on the market, physicians paid as high as eight and ten dollars for it and the dealers made only a dealer's profit. To-day these goods are sold for $1.50. They contain only one-half as much material as was found in the old form, and at the same time are double the strength; still a margin is left for the dealer. But goods manufactured on this plan require the original outlay of large sums of money and American enterprise has as yet apparently not seen fit to make large investments in this direction. The future must bring about the establishment of a modern plant, the expense consisting chiefly in outlay for the dies and tools used in this method of manufacture, which reduces the necessity for skilled labor, so difficult to obtain in this tain in this country.

The establishment of such an industry would bring about a uniformity in the quality of surgical instruments, something much to be desired in this country at the present time, as many of the surgical instruments now supplied might well be called "surgical hardware." It may be of interest to note that many of the most practical instruments in the hands of the profession, particularly those pertaining to gynecology, originated in this country. The pioneer in this line of work was, we believe, Dr. J. Marion Sims. American gynecologists have done much to improve the designs and patterns of surgical instruments. Should it ever come to pass that a manufacturing plant for surgical instruments should be established in this country, it would go far toward eliminating the many modifications of standard forms that now exist, since, when goods are manufactured on a large scale, modifications are impracticable from a commercial point of view.

It may not be inappropriate to state that the American code of medical ethics has always held in disfavor a physician who patents his inventions. This we believe to be wrong, as we now find that a number of surgical instruments placed upon the market in recent years have been patented, not by physicians, but by mechanics who are not restricted by any code whatever, but instead are reaping whatever benefits may have resulted from a physician's ideas. Why should not a physician enjoy the benefits resulting from his own mechanical ingenuity, as well as from the therapeutical superiority of the instrument itself?

Let us cite one instance only, as a conspicuous illustration. A Dr. O'Dwyer, of New York (now dead) invented the so-called O'Dwyer intubation tubes and the instruments for the introduction and extraction of the tubes, an invention which often did away with the necessity of performing tracheotomy. These ideas we believe to have been original with Dr. O'Dwyer and he certainly labored hard for years, spending a great deal of time and money in perfecting his instruments. Fame is highly esteemed by the medical profession, but it is not especially valuable from a monetary stand-point and the fact that outsiders are patenting devices invented by a physician because a physician is not permitted by the code to do so himself seems to us to be a good reason for changing the code in this respect. Instruments that are patented and controlled by certain individuals have some advantages over those that are manufactured by everybody, because anatomically correct pat-

terns and uniformity in quality are assured; and these may be valuable factors in the worth of an instrument.

Caution in Hydrotherapy.—Dr. G. Frank Lydston, in the *Medical News*, has an able article on the use of water in disease, which he sums up as follows:

1. While the injection of large quantities of water in various affections is often of great value, the treatment is sometimes extremely detrimental.

2. The nutritive value of the blood is often impared by the relative hydremia produced by the ingestion of large quantities of water.

3. Disturbances of the circulatory and nervous systems are frequently produced by it. So-called weak heart, palpitation, nervous irritability, lassitude and exhaustion on slight exertion are among the phenomena that may result.

4. Serious digestive disturbance, involving impairment of the secretion and composition of the gastro-intestinal juices, and gastromotor insufficiency may be produced by the ingestion of water in large quantities.

5. Edema and anasarca, while often relieved by the free ingestion of water under favorable circumstances, are not infrequently enhanced by it.

6. Renal water habit may develop, by virtue of which the kidney becomes permanently sluggish unless it receives its wonted stimulus of large quantities of water.

7. Acute and chronic inflammatory affections of the kidney are sometimes aggravated by giving water in excess simply by overworking the renal organs.

8. Inflammatory affections of the lower portion of the genito-urinary tract are often deleteriously affected by excessive water-drinking through the mechanical disturbance necessitated by the resultant frequent and copious micturition.

Care in Myopia.—The period during which we must observe our myopes ought to be an unlimited one. If a myopia progresses in one year from 4 to 6 D, it is to be considered a rapid case; while another, progressing the same amount in six or eight years, is far more anatomically than one progressing from 4 to 6 D.—(Dr. A. C. H. Friedman, in *Interstate Medical Journal.*)

STATE BOARD REQUIREMENTS.

Recently the Michigan state board of registration in medicine has issued a number of blanks of applications for endorsement by the board to a practitioner who is desirous of receiving a certificate of registration or license to practice medicine and surgery in the state. These are to be filled out by the applicant and the other individuals indicated and sent to Dr. B. D. Harison, secretary of the board. With the blanks goes a printed page, which sets forth the following qualifications as a basis for the reciprocal exchange of certificates under Section tion three, Subdivision 4, Act No. 237, Mich. Laws 1899:

Qualification No. 1. That a license or certificate of at least one year's date, based upon presentation of a satisfactory medical diploma of graduation, and an examination before a state medical examining board in Specified Branches of Medicine and Surgery, shall be accepted at the discretion of this board in lieu of an examination under Section 3, Subdivision 3, Act No. 237, Mich. Laws 1899, and as a basis upon which a certificate of registration may be issued by the secretary with the endorsement of the president and chairman of the registration committee of this board.

Qualification No. 2. That a license or certificate of qualification issued by a state board of registration or medical examiners, of at least one year's date, based upon presentation of a satisfactory medical diploma, and upon the recommendation of a state board of registration or medical examiners as to the reputability of the applicant, shall be accepted at the discretion of this board in lieu of an examination under Section 3, Subdivision 3, Act No. 237, Mich. Laws 1899, and as a basis upon which a certificate of registration may be issued by the secretary with the endorsement of the president and chairman of the registration committee of this board.

Resolved: That the provisions of qualification No. 1 as above carried shall apply only to those applicants for a Michigan certificate of registration who have obtained their medical diplomas of graduation and state licenses subsequent to July 1st, A. D., 1902, and that the provisions of qualification No. 2 as above carried shall apply only to those applicants who have received their medical diplomas and state licenses previous to July 1st, A. D., 1902.

Resolved: That under qualification No. 1 a satisfactory medical diploma shall be of the following minimum standard, viz:

A certificate of graduation from an approved and reputable high school, academy, college or university with the following minimum requirements:

Group I—English Language. (a) English Grammar. (b) Rhetoric and Composition; Group II—History. (a) History of the American Nation, Johnston's History of the United States, or equivalent text. (b) General History, as presented in Myer's General History, or equivalent text. Greek and Roman History or English History will be accepted as a substitute for General History; Group III—Mathematics. (a) Algebra—Fundamental rules, Fractions, Simple Equations, Involution and Evolution, the Calculus of Radicals and Quadratic Equations, as given in Olney's Complete School Algebra, or Beman and Smith's Elements of Algebra, or some equivalent text. (b) Geometry—Plane Geometry as given in Beman and Smith's Plane and Solid Geometry, or equivalent text. (c) Plane Trigonometry, as given in Wentworth's Trigonometry, or equivalent text; Group IV—Natural Sciences. (a) Physics, as presented in Carhart and Chute's Elements of Physics, or equivalent text. (b) General Biology, or Botany and Zoology, as presented in Sedwick's and Wilson's General Biology, or Spaulding's Introduction to Botany and Kingsley's Comparative Zoology. These courses will be accepted only when accompanied by laboratory work. (c) Chemistry, as presented in Freer's Elementary Chemistry, or an equivalent amount of work in Remsen's Introduction to the Study of Chemistry; Group V—Modern Languages. (a) German or French—The applicant must be able to read French or German. This requires for one not born to one of these languages two years of school work; Group VI—Latin. (a) Grammar. (b) Prose Composition. (c) Reading—Four books of Caesar's Gallic War.

Under qualification No. 1 the following minimum standard of medical education is required: Lectures and teaching—

30 hours in Electro Therapeutics.
160 hours in Physiology.
100 hours in Pathology.
80 hours in Histology.
200 hours in Practice of Medicine.
100 hours in Obstetrics.
60 hours in Bacteriology.
15 hours in Medical Jurisprudence.
160 hours in Anatomy.
160 hours in Chemistry and Toxicology.
130 hours in Therapeutics.
30 hours in Hygiene.
200 hours in Surgery.
30 hours of Gynecology.
48 hours in Diseases of the Eye and Ear.
100 hours in Pharmacology.

Laboratory work and demonstrations—

240 hours in Anatomy.
120 hours in Pathology.
100 hours in Histology.
120 hours in Bacteriology.
36 hours in Obstetrics.
60 hours in Eye and Ear.
180 hours in Physiology.
180 hours in Chemistry and Toxicology.
200 hours in Surgery.
120 hours in Practice.
32 hours in Dermatology.
120 hours in Gynecology.

The medical course to cover a four

years' course of not less than six months in each year, no two courses to be taken in one year and the beginning of the fourth or final six months of such course shall be dated from October preceding the year of the final examinations for the degree of M. D.

Resolved: That under qualification No. 1 adopted as above, the Specified Branches of Medicine and Surgery in a board's examination shall be as follows: Anatomy, Pathology, Chemistry, Physiology, Therapeutics, Toxicology, Histology, Hygiene, Public Health Laws, Practice of Medicine, Surgery, Obstetrics, Gynecology, Diseases of the Eye and Ear, Bacteriology and Medical Jurisprudence.

Resolved: That the following colleges fulfill the requirements under qualification No. 2, adopted as above:

(a) Those colleges listed as Reputable Medical Colleges in the United States, March 1, 1902, in the Official List of Legally Qualified Physicians, State of Illinois, March, 1902, from page XXV to page XXX, inclusive.

(b) Those colleges listed in the appendix of the 20th Annual Report of the Illinois State Board of Health from page CLXXVI to page CLXXVIII, inclusive, as reputable and legally authorized.

(c) Those extinct colleges in the United States and Canada which are held reputable by this board.

Reciprocity Clause in Michigan Medical Act. Section 3, Subdivision 4.

The applicant shall be registered and given a certificate of registration if he shall present a certified copy or certificate of registration or license which has been issued to said applicant in another state of the Union where the requirements for registration shall be deemed by said board to be equivalent to those of this act: Provided, Such state shall accord a like privilege to holders of certificates from this board. The fee for registration from applicants of this class shall be ten dollars.

Manifold Nature of Diabetes.—This new feature of the pathology of diabetes, far from being a source of confusion or discouragement in an already involved subject, is a confirmation of the accepted views of clinical observers as to the manifold nature of the disease. In diabetes, as in so many other affections, pathology is gradually coming to supply, though dilatorily, the scientific basis for the truth of the conclusions of clinical experience. The present situation should be a source of renewed encouragement to labor in the recently almost neglected field of actual bedside observation of disease as the surest source of practical medical knowledge.—(*Journal American Medical Association.*)

"Poets are Born."—In a discussion at the Societe Medico-Phychologique of Paris Dr. P. Chaslin discussed a recent publication by Mobius on the heredity of poetic talent. The conclusions arrived at were that great poets are solitary and exceptional, even among persons or families exhibiting a taste and aptitude for poetry: secondly, that the mother of the poet is always an intellectually gifted woman, and the son of a stupid woman is always stupid; and thirdly, that poetic talent is distinctly hereditary and is transmitted through the mother alone. Dr. Chaslin cited numerous instances supporting these conclusions. In this connection Goethe's views regarding his intellectual inheritance are interesting. He believed that his "joyous nature and turn for poetizing" came from his mother, and his stature and seriousness from his father.—(*New York Post.*)

Exclamatory Rheumatism. — Martha, the colored washerwoman, was complaining of her husband's health to one of her patrons. The *Christian Register* reports the dialogue: "He's ve'y po'ly ma'am, ve'y po'ly. He's got dat exclamatory rheumatism." "You mean inflammatory, Martha. Exclamatory is from exclaim, which means to cry out." "Yes, miss," answered Martha, with conviction, "dat's what it is. He hollers all de time."

ILLINOIS REGULATIONS.

Beginning with January, 1903, the schedule of minimum requirements for medical colleges to be considered in good standing by the Illinois state board of health will be in force. All previous rules and regulations adopted by the board will stand repealed on the last day of December, 1902. The colleges must require that creditable certificates of good moral character, signed by two physicians of good standing in the state in which the applicant for admission to lecture courses last resided, are presented by the applicant for admission to courses of study in the college. As evidence of preliminary education, the applicant will be required to present, as a *minimum* requirement, a certificate or diploma from a high school; or a certificate signed by a principal of a regularly organized high school or by the examiner of a faculty of a recognized literary or scientific college or university, or by the State Superintendent of Public Instruction, of having passed an examination in all the several branches embraced in the curriculum of a four years' high school course. It is also provided that the matriculation examination shall not be conducted by any member of the faculty of the medical college to which admission is sought. The board will require documentary evidence of preliminary education, together with a medical diploma, of all applicants for a state certificate.

Applicants for advanced standing who hold the degree of A. B. or B. S. or an equivalent degree from a regularly established college of arts or science which requires an attendance of three years or more as an essential to graduation, may be given credit for work done in the branches of the medical curriculum of the first year and may be advanced to sophomore standing in a four years' medical course, provided that they comply with the entrance requirements of the board, and that they subsequently complete the freshman work in a manner satisfactory to the board.

For the colleges, each regular term shall consist of not less than 800 hours of work and the branches of medicine to be included in the course of instruction shall be at least as follows: (1) Anatomy, (2) Physiology, (3) Chemistry, (4) Materia Medica and Therapeutics, (5) Theory and Practice of Medicine, including Ophthalmology, Otology, Dermatology and Neurology, (6) Pathology and Bacteriology, (7) Surgery, including Orthopedic Surgery, (8) Obstetrics, (9) Gynecology, (10) Hygiene, (11) Medical Jurisprudence, (Forensic Medicine.)

Regular attendance is required, a maximum of 20 per cent. of properly excused absences (due to sickness) being allowed.

Each student must have dissected at least the lateral half of a human cadaver and shall receive clinical and hospital instruction throughout at least two annual terms.

Due provision is to be made by the colleges for the establishment or maintenance of a sufficient and competent corps of instructors, and facilities for teaching, dissections, ambulatory and hospital clinics such as obtain in the majority of medical colleges in the United States.

Good for New Jersey.—Forty out of 48 candidates passed the recent examinations. The New Jersey State Board maintains reciprocal relations with other States whose examining and licensing requirements are at least equal to those of New Jersey. The number of States entering into such reciprocity with New Jersey is constantly increasing.—(*Philadelphia Medical Journal.*)

For Nervous Insomnia.—Skelton, in the *Clinical Review,* suggests that for insomnia from nervousness or worry: Bromides gr. xx four times daily, are incomparably the best.

DETROIT MEDICAL JOURNAL

A CONCISE MONTHLY
EPITOME OF PRACTICE AND THERAPEUTICS.

WALTER C. BOYNTON, Manager.

—ISSUED BY—

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RUDOLPH VIRCHOW.

Dispatches from Berlin convey the mournful information that Prof. Rudolph Virchow, the world's foremost pathologist, passed away on September 5. What a blow to science! Now that Virchow is gone, Germany may well weep a man who has done perhaps more than any other to place her in the front ranks of medical research. His like is seldom found, and his death is little short of calamity to the world of science and medicine.

Born at Schivelbein, Pomerania, on October 31, 1821, Virchow received his education in Berlin, graduating in medicine at the age of twenty-two. Four years later he was appointed to the staff of the Charite, the famous hospital that has served as the educational nursery for so many famous physicians. The young doctor of twenty-seven threw himself heart and soul into the work, and went with equal enthusiasm and fervor into the troublous political happenings of 1848. So firm a supporter of republican principles did he become, that he was obliged to give up his staff position. The neighboring kingdom of Wurzburg, however, gladly welcomed the already famous physician and he received a chair in the scientific faculty of the University. Here he established a laboratory of pathology, to which students from all over the world gathered to hear him lecture.

In 1856 he was urged to return to Berlin and did so, assuming a professorship at the University of Berlin. Two years later he wrote his great work on cellular pathology, which has remained a monument to his studies. It appears that his earlier experiences did not restrain him from giving utterance to ideas that were at variance with the prevailing tone of things political, and in 1887 he was again practically obliged to relinquish his position at Berlin. But again, five years later, he was asked to return and acceded to the request, probably feeling that the field for his work was larger in the great city. His liberal views made the matter of public or official recognition a thing difficult for him to obtain, but his colleagues in medicine were not slow to see the value of what he had done, and in the later years of his life the imperial government itself saw fit to give him the recognition that was his most just due.

Several times before in his career, illness has stricken Virchow at times when the world was most anxious to do him honor. In 1897, the world of medicine was to have celebrated his fiftieth anniversary as a teacher in Berlin, but illness prevented the carrying out of the elaborate plans made. His gigantic labors in medicine, literature and politics bowed his constitution time after time, only to have it regain its normal condition. He may be said to have literally worn himself out in the pursuit of studies, the ultimate aim of which was always the good of mankind.

With all his studies in pathology archæology and anthropology, Virchow found time to be an active political student and worker. He was a member of the russian chamber from 1862 to 1878 and a leading member of the Reichstag from 1880 to 1893. His liberal views made him a notable figure and he did not hesitate to comment upon anything that

he thought needed correcting, however lofty or hedged about with authority it might be. His origination of the word "kulturkampf" recalls the work he did in the struggle between the state and the reactionary church.

As a writer, he was a tireless worker. In 1848 he established the well known "Archiv fur pathologische Anatomie und Physiologie und fur klinische Medicin," the same year that he wrote his treatise on cellular pathology. To this he has contributed for years, besides writing innumerable monographs on his favorite studies. In the years 1863 to 1867 he wrote a three volume work on the pathology of tumors which has received recognition all over the world, translations being made into the other languages of civilization. He was one of the founders of the German Archæological Society in 1869 and in 1870 he became its president. He was also a leader in the Berlin Anthropological Society from 1869 on. His prominence in politics may be inferred from the fact that he was the personal opponent of Bismarck and that at one time the latter nearly engaged him in a duel.

Rudolph Virchow's name stands out so prominently in connection with pathology that it is scarcely possible to think of the one without the other. He has been a faithful student and an equally faithful teacher, tireless in all that he did for good, and shunning evil. His death is a mighty loss to Germany and to the world.

AUTOMOBILES FOR PHYSICIANS.

Every new idea that is of value to him in his profession is readily picked up and made use of by the modern physician. He wants the latest and most improved devices in the line of surgical devices. If a new treatment comes up which has been tried with success by men in whom he has confidence, he gives it a trial. The modern advance in knowledge is largely due to this adaptability of the physician to modern ideas and invention.

For every physician who has a large practice which is not chiefly confined to office treatment, some means of rapid locomotion is an absolute necessity. In a city of any extent, where his patients are somewhat scattered, the street cars are not to be depended on. Something that is easily gotten ready for use, that is quick and not too expensive is what is wanted; and to fill these requirements an automobile is the thing. While its initial cost may seem large, it is really not much more expensive than a good horse and buggy. It is vastly more convenient than these, is more easily gotten ready for use and is much more speedy. Also, it "stands without hitching." There is no need for a man to accompany the physician, to drive the horse or to hold him while the physician is making his calls; neither is there any disagreeable odor from the automobile, to cling to the physician. An automobile does not require the care that is necessary for the horse, either in the barn or in general, and is always ready to be used for business or for pleasure. An owner who understands his machine may well take entire care of it.

For the doctor who can afford one, and who has some means of charging the storage batteries, an electric automobile is possibly the best. While they are not so speedy as some others, they can discount a horse in the amount of ground they can cover in a day, and they are little trouble to take care of. They are built in designs as handsome as are any in the carriage line and are well adapted for a physician's use. The steam machines have their strong adherents as well, though comparatively few physicians in Detroit are running this type of machine.

For the doctor who does not care to

pay the price of an electric machine, the gasoline engine offers itself. This type is also well adapted for use over country roads, and the means for securing fuel are at every hand, all through the country. It is merely a matter of a few minutes to prepare the engine for use, supplying it with gasoline and water and oiling the necessary parts. There is no delay in fitting the machine for a run, and the speed of a gasoline motor is limited, practically, by the police and the chauffeur's own willingness to take risks. With the machine in proper condition, the turn of a handle starts it at once and under proper management it will keep going as long as the supply of fuel keeps up.

It may be urged by the novice that the matter of the care of an automobile and the keeping of it in repair is one of no small moment. This is undoubtedly true to a certain extent. Some knowledge of mechanics is a desideratum, but this can readily be gained in a short time by a man possessed of keen intelligence. A man would not ordinarily attempt to drive a horse of which he knew nothing, unless he had some general knowledge of horses; neither should a man attempt to drive an automobile without some knowledge of the general subject of automobiling. Once knowledge is gained, the owner of a machine finds himself prepared to surmount any difficulty short of a serious accident. When this happens, there is always the repair shop, where repairs can be quickly made. Every owner of a horse and buggy has to make some outlay for shoes and repairs throughout the year; the care of an automobile would cost him a sum no larger than the one he spends annually to keep his turnout in condition. He avoids board bills for the horse and the hire of a man to look after the animal.

The automobile is tireless, as long as its fuel supply is kept up. A busy practitioner has to keep two horses in order to avoid wearing one out too fast, but the automobile does not have to be considered in this regard. The city pavements that are so hard on a horse's hoofs are the roads upon which a machine does its best work and the driver of an automobile need not feel that some horse is being kept too hard at work. With an automobile, the physician saves time on his rounds, gets through more quickly and has just that much more time left for recreation and pleasure. After a day's work, the automobile is just as ready to serve as a means for recreation as it was to act as an aid in business. Riding in a swift automobile is one of the most delightful and exhilirating pleasures possible, and it is always at the command of the owner of a machine in good condition. The doctor who is tired from a day's work may seek and find relief in a pleasure ride through the city and its suburbs.

If more physicians owned automobiles, it would have a good effect on the minds of the public in general. Many people are bitterly opposed to the use of the machines because accidents are still numerous. The use of this means of locomotion by careful men would be a good thing in this regard. In competent hands an auto is no more dangerous than a horse. Fast driving is an offence in the eyes of the law—and very properly so. So is running an automobile at a speed faster than the law allows. Under ordinary conditions the machine is controlled and stopped quite as readily and as quickly as a horse.

ADVERTISING.

Every progressive physician, in order to remain progressive, must keep up his reading to a large extent. By doing this, he keeps in touch with what his fellow practitioners are doing, notes the new methods of treatment, learns of new operative technique and daily fits himself to better handle his cases. The phy-

sician should not neglect the advertisements published in ethical journals. If he does so, he may miss something that would be of value to him, something that would just fit a case which has proved stubborn against the treatment he has been giving it; but, in order to strike the physician favorably, an advertisement must be couched in language that does not offend by its familiarity or its suggestiveness.

For example, no good physician would like to be hailed on the street by an acquaintance not in good standing in the profession with the salutation, "Hello, doc. Want a good emmenagogue? Two dollars a pint." This sort of talk would probably meet with slight encouragement from the physician addressed, if it did not result in a sharp rebuke for the man who was guilty of so serious a breach of decorum. And yet, in one of our exchanges, we note an advertisement that begins, "Physicians, Ahoy!". It then goes on to question the practitioner whose attention is supposed to have been attracted in the courteous manner indicated. "Do you need a reliable remedy for Gall Stone or Bright's Disease? It will cost you only $2.50 per pint bottle," goes on this breezy questioner. "Do you need a cure for Rheumatism? $2.00 a pint. (State nature of case.)" it continues. Out upon it! What sort of a panacea is it that calls in its advertisement for a statement of the nature of a case?

"Positive," "Certain," "Never failing," "Sure," "Reliable" and similar adjectives are used to describe remedies of which the user is to know nothing. What man in his senses would make use of such trash? The man who advertises in this way hurts everybody. He hurts himself in the estimation of the thinking man, he injures the business of the legitimate advertiser and he undermines the standing of the journal that publishes an advertisement of medical wares that are hawked about like stockfish. The nature of the advertiser is further revealed in the concluding line of the advertisement he publishes. "No goods sent C. O. D. Money must accompany order. Refunded if not satisfactory on fair trial" winds up this remarkable statement of infallibility. In this connection it may be well to state that the miraculousness of the cures guaranteed can not compare with the miraculousness of getting money back from a man who advertises as does this one. There are ethical ways of advertising, just as there are ethical ways of practicing. And the line is as clearly drawn in the one as it is in the other.

VIVISECTION.

For centuries past the subject of vivisection has engaged the attention of the medical profession and of the laity, but for widely differing reasons. Medical men have been engaged in a series of scientific investigations, conducted primarily for the benefit of mankind, and the laity has in no small number of cases sought to put a stop to what it considers a useless and a harmful practice. It is safe to say that no one not a true physician should be permitted to engage in vivisection, for the reason that a large amount of pain and suffering is undoubtedly caused to the animal undergoing the experiment; and in the hands of any one who has not the ultimate benefit of the race in mind, the practice may lead to a sort of moral degeneracy. It is, no doubt, a matter of regret to many that the furnishing of supplies of animal food to the public should be preceded by the death of the animal whose carcass furnishes food; and the vegetarian can find many arguments to advance, showing why the killing of animals for food should be discontinued. So with the anti-vivisection-

ists, who are ready with statements innumerable to show that vivisection is necessarily brutal and bad.

On the one hand, however, is the butcher, who kills the animals for food because he is paid for it. He is not apt to be a cultured individual, and it is doubtful if he ever thinks of the pains of death inflicted on his victims. In some cases he probably becomes brutal from long association and habit. The vivisectionist, on the other hand, is actuated by the best of motives. He finds no real pleasure in inflicting pain, any more than he finds gratification in watching the death struggles of a patient whom he has tried to save. From the treatment of disease in one patient he discovers facts that may benefit another; and in death itself he seeks to find something that may better equip him to combat disease and dissolution when similar conditions again arise. It is no more fair to him to say that he inflicts pain wilfully, without the end that evil conditions may be corrected, than it is to say that a dentist deliberately inflicts pain on his patient in the chair. Pain seems to be a necessary condition in many diseases; it has long been recognized as a useful sign in diagnosis, and indeed forms one of the surest means for detecting the presence of disease. Presumably every physician and surgeon would prefer to have his patients suffer absolutely no pain during his ministrations; the latter secures insensibility by general anæsthesia, but when the effects of the anæsthetic passes away, pain returns and the system has to overcome the effects of the pain-dispeller before a cure can result. The use of any drug for the purpose of freeing a patient from pain is always attended with more or less danger to the sufferer.

In vivisection, properly carried out, the object of the experiment is to determine by means of certain operations on the lower animals some truths that will be of service in the treatment of similar conditions in human beings. And the man who undertakes vivisection with any other object in view very properly exposes himself to the suspicion that he is a brute.

One of the most constant demands of the anti-vivisectionists is that the animal under treatment shall be anæsthetized. This demand it is very difficult to follow out. When dogs are the subject of experimentation, it is a matter of the greatest difficulty to avoid killing the animal under the anæsthetic alone. The line between life and death in a dog is very easily passed when the animal is under an anæsthetic and before an experiment has been concluded the dog may have become useless for the purposes of the experimentor. The animal undergoing vivisection may be killed when the experiment is completed, but it seems to us that the operator is justified in permitting it to live, provided that he is desirous of making notes on its convalescence, with a view to acquiring knowledge in this manner. The lives of many thousands of dogs are annually taken at the pounds of our cities, and not always in a manner to insure a painless demise. Yet the benefits to society that accrue from the death of the vagrant and homeless dogs can scarcely be said to surpass the benefit to society gained by the study of dogs alone under vivisection.

The laity is frequently of the opinion that the pain inflicted by the physician or the surgeon is unnecessary and useless. There is almost always a dread of an operation induced not only by the thought that its effects may be serious but also by the dread of the pain which follows. The necessity and benefits of operating have been determined by operations on living human beings. There is much to be gained by the earnest student by performing vivisection on ani-

mals properly chosen for their fitness in demonstrating the facts that the experimenter desires to establish.

When the end is justified by the means, almost any means is admissible; and the vivisectionist has rights in the prosecution of his studies—always supposing him to be actuated by the proper desire for knowledge. Vivisection per se is not necessarily more potent in producing brutality than is the practice of surgery itself.

EDITORIAL NOTES

In a report on the requirements of the various states through their boards of registration in medicine for admission to practice, recently published, the following requirements are given for the state of Michigan: "The board of registration in medicine issues certificates granting license to graduates of a legally incorporated, regularly established and reputable college, as 'shall be approved and designated by the board of registration.' All others must pass an examination before the board before registration. The fee is $10."

The following colleges are at present "designated" by the board as those whose diplomas will be accepted without examination: California—California Medical College; Connecticut—Yale University; Illinois—Bennett College of Eclectic Medicine and Surgery, Chicago Homeopathic Medical College, Hahnemann Medical College and Hospital, Illinois Medical College, Northwestern University, Northwestern University Woman's Medical School, College of Physicians and Surgeons and Rush Medical College; Indiana—Physio-Medical College of Indiana; Iowa—University of Iowa, Homeopathic Medical Department and University of Iowa; Maryland—Johns Hopkins University; Michigan—Detroit College of Medicine, Detroit Homeopathic Medical College, American Medical Missionary College, Grand Rapids Medical College, Michigan College of Medicine and Surgery, Saginaw Valley Medical College, University of Michigan, Homeopathic Medical College and University of Michigan; Minnesota—University of Minnesota, Homeopathic Medical College and University of Minnesota; Missouri—American Medical College and Homeopathic Medical College of Missouri; Nebraska—Lincoln Medical College; New York—Cornell University, Albany Medical College, Buffalo Medical College, Eclectic Medical College, City of New York, College of Physicians and Surgeons, Long Island College Hospital, New York Homeopathic Medical College and Hospital and University of New York and Bellevue Hospital; Ohio—Cleveland Homeopathic Medical College, Eclectic Medical Institute and Western Reserve University; Pennsylvania — Hahnemann Medical College, Jefferson Medical College and University of Pennsylvania; Tennessee—Vanderbilt University.

A note contains the information that this list does not indicate that a diploma from a college not named may not be accepted, but that it is possible that no graduates from colleges not in the list have applied for registration and the board has therefore never passed on their qualification.

In the published list of applicants examined by the state board from Michigan institutions, the following table is given: University of Michigan—passed, 28; failed, 2; total, 30; per cent, 93 1-3; Detroit College of Medicine—passed, 8; failed, 2; total, 10; per cent, 80; Saginaw Valley Medical College—passed, 1; failed, 1; total, 2; per cent, 50; Michigan College of Medicine and Surgery—passed, 1; failed, 2; total, 3; per cent, 33 1-3.

The right of a posthumous child to share in its father's estate, when the will of the latter makes no provision for such a sharing, has recently been decided by Mr. Justice Lount, at Toronto, says an exchange. The case was that of a farmer in western Ontario, who died, leaving a widow and four children; four months after the father's death, a fifth child was born and the executors of the estate applied to the courts to know whether or not the new-born child was entitled to a pro rata share in an insurance policy of $2,000. The ruling was that a child unborn is still a child in law and consequently an heir equally with the others under the will. The case is said to have been the first of the kind ever raised in Canada, but we have a notion that this is partially accounted for by the fact that executors under ordinary circumstances would have been content to have the posthumous issue take rank with the heirs living at the time of the testator's demise.

A physician has recently reported to us a feature in connection with accident insurance policies that it may be well to bring to the attention of the profession. Most policies written for physicians cover injuries resulting from septicæmia, and this point of the policy is strongly kept before the mind of the physician who takes out insurance of this kind. Our informant was insured in an accident insurance company and when he was written up stress was put on this feature of his policy, as affording him protection in case of blood poisoning. As it happened, he contracted blood poisoning at a recent operation and sought to recover from the insurance company, but the claim was disputed on the ground that the poisoning did not result from a traumatism. The agent of the company then pointed out to the physician that this was a feature necessary to a recovery of damages. An abrasion on the hand, it was explained, might have been the cause of the injury, and as the physician was not willing to make affidavit that the accident had occurred as a result from the prick of a needle or from a small cut, the claim was disallowed.

The justice of this attitude on the part of the insurance company may be disputed. The remedy lies in the insured reading his policy over very carefully, so as to make sure that protection against loss of time and money resulting from blood poisoning contracted at an operation is really assured. Look over your policy, and be sure on this point.

The evils of substitution were strongly shown by a New Orleans man's recent experience. He bought a bottle of a cheap antiseptic preparation, which was labeled to the effect that it could be used internally as well as externally. Serene in this knowledge, he took about four ounces of the mixture in moderate doses; then his sight began to fail, and with a commendable spirit of seeking after the truth and incidental satisfaction, he sent what was left of the "antiseptic" to a chemist for examination. The latter reported that about 20 per cent. of methyl alcohol was present in the liquid. This sort of thing is growing in frequency and will persist until a comfortable number of experimentors are killed and the matter is given its due publicity. Then, perhaps, more care will be exercised all 'round. The druggist will buy more carefully, the physician will prescribe less of proprietary medicines and the seeker after health will try to have a little more exact knowledge of the mixture which he cheerfully introduces into his internal economy. The first few who die will be martyrs in a worthy cause.

The first number of the *Journal of the Michigan State Medical Society,* for September, has been issued to its readers.

The cover bears the seal of the society and the title of the journal, with the names of the society's officers. Dr. Andrew P. Biddle, secretary of the society, is editor and the journal is published monthly under the supervision of the council. The table of contents includes President Connor's address at the June meeting of the society in Port Huron, and papers by Drs. Angus McLean, Mortimer Willson, John E. Clark, John McLurg, Walter R. Parker, Irwin H. Neff and Joseph B. Whinery. The make-up and the general appearance of the first number reflect credit on the editor and the management and we are glad to welcome the newcomer in the field of medical journalism.

At the last meeting of the Wayne County Medical Society in the Hotel Normandie, Dr. Emil Amberg read a paper on "The Surgical Anatomy of the Middle Ear," as a factor in favor of early interference in suppurative affections of the same (with demonstrations). There were about forty members of the society in attendance and the discussion following the paper was an interesting one. It was participated in by Dr. R. W. Gillman, Dr. Leartus Connor and others. This meeting was the first to be held since the amalgamation of the two societies in Detroit, and Dr. Amberg thus had the honor of being the first to present a paper before the new organization.

The programme of the Central Michigan Medical Society for the regular meeting on September 11, was as follows: Call to order and roll call; Business meeting—Drs. J. C. Wilson, Vice-president State Medical Society, and C. B. Burr, District Councilor, address to the society regarding re-organization ot the society into the Ingham County Medical Society; Paper—"Electro-Physics," by Dr. C. L. Barber, of Lansing; Discussion, led by Dr. R. E. Miller, of Lansing; Clinic, in charge of Drs. R. J. Shank and H. A. Haze; Reports of Cases by members.

We shall note with interest the results of the business meeting. It would be another step in a good direction if the society should be organized into a county society.

The American Laryngological, Rhinological and Otological Society elected the following officers for the year at its last annual meeting in Washington: President, Dr. J. A. Stucky, Lexington, Ky. Vice-Presidents, Drs. M. R. Ward, Pittsburgh; L. C. Cline, Indianapolis; C. D. Roy, Atlanta; and P. F. Gildea, Colorado Springs. Secretary, Dr. W. C. Philips, New York. Treasurer, Dr. E. W. Day, Pittsburgh.

At the Saratoga meeting of the American Academy of Medicine, the following officers were elected for a year: President, Dr. Charles McIntire, Easton, Pa. Vice-Presidents, Drs. William R. White, Providence, R. I.; George Dock, Ann Arbor; Rosa Englemann, Chicago; and D .C. Hawley, Burlington, Vt. Secretary, Dr. A. R. Craig, Columbia, Pa. Treasurer, Dr. Edgar M. Green, Easton, Pa.

Parisot, the French chemist, is reported to have discovered a means for preserving the freshness of eggs for an indefinite period. We are already familiar with a sort of dessicated egg, which is reported by those who have had the temerity to eat articles of food prepared from it to be extremely good. But Parisot's method of preservation consists in immersing the egg in a liquid, the cost of keeping the eggs fresh being estimated at about 15 cents a thousand. This sounds " cheap, and nasty." Hereafter, if any strongly confirmatory report of the Parisot preservative comes to our notice, we shall eschew eggs as an article of diet.

New Instruments & Devices

Mention of new instruments and devices in this department is entirely complimentary and articles illustrated are judged on their merits.

We invite manufacturers and physicians to send us matter suitable for publication under this head. A description of the device and an electrotype or half-tone with a base not greater than two and five-eighths inches should be sent.

Always mention the price of the article in question.

The management cannot undertake to return cuts unless postage for same accompanies the letter with which they are sent.

CONTAGIOUS DISEASE GOWN.

For the physician whose practice calls him to attend cases of air-borne infectious diseases this gown will suit every purpose. It is purposely made large and loose, so that it does not gape at the

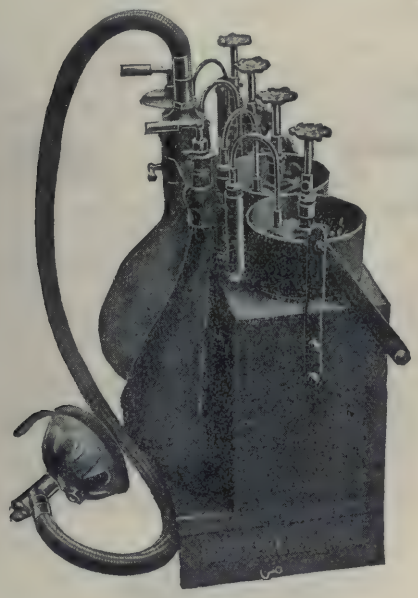
fastenings and expose any part of the physician's clothing. There are no metal fastenings on the gown, but drawstrings at the waist and for the hood hold it securely in the position desired.

An outside pocket is provided, in which a pair of rubber gloves for the hands and a strip of gauze or a handkerchief for the lower part of the face may be carried. The gloves are to be drawn on before the sleeves of the gown are fastened at the wrists. The gauze or handkerchief is placed over the chin and the lower part of the face and the ample hood is then drawn over the head and secured in place with its drawstring.

The large cut illustrates the gown on the wearer and the smaller one shows it ready for transportation. It should first be sprayed with a one to one thousand solution of corrosive sublimate, rolled up and wrapped in a square sheet of rubber or mackintosh. When prepared in this manner, the gown will keep damp for an indefinite period and should be worn in that condition while attending a case. The gowns are made in three sizes—40 inch bust, 52 inches long; 44 inch bust, 56 inches long; and 48 inch bust, 60 inches long. The price is one of the most strongly commendatory features of this gown, as all sizes have the same cost—$3.50.

NITROUS OXIDE AND OXYGEN APPARATUS.

The device illustrated herewith is designed for the safe and convenient administration of nitrous oxide and oxygen as a general anæsthetic for surgical operations, and is admirably fitted for that purpose. Two cylinders of each gas are used, one of each being constantly being in reserve, to avoid the exhaustion of one or the other at inopportune moments. The valves of the nitrous oxide container are warmed, so

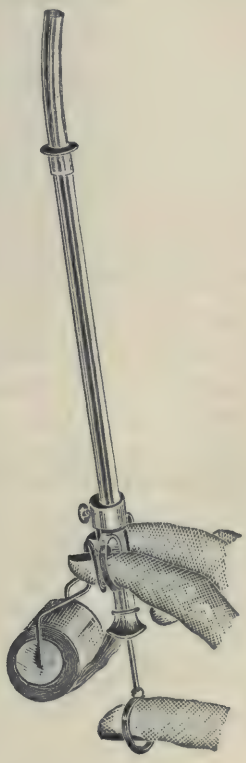


as to do away with the danger of freezing, and the gas may be administered at a suitable temperature, a thermometer being a part of the equipment shown. By means of a valve, pure oxygen may instantly be supplied, at a pressure sufficient to inflate the lungs of the patient. The two gases may be given in any desired proportion, through the agency of a small mixing-cup, out of which the mixed gases are admitted to the lungs.

In a hundred or more cases, no after ill effects of the anæsthetic are recorded, and this is attributed to the exactitude with which the two elements may be mixed. The apparatus is simple in construction and easy to operate, besides being easily portable. Space in the box is provided for carrying a number of surgical instruments. The apparatus is handsomely finished.

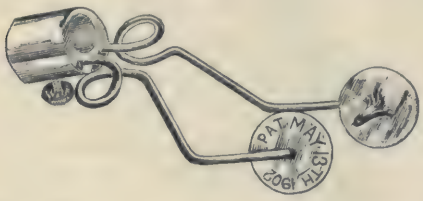
REMUS GAUZE REEL.

This aid to the surgeon is devised for an attachment to a uterine packer and has for its object the superseding of the old clumsy method of feeding the gauze, and at the same time to prevent the gauze from coming in contact with an unsterilized surface. This has been accomplished to a remarkable degree. The reel is simple, easily rendered sterile,



and is very compact. It can be operated with one hand, leaving the other free, and is in fact what one surgeon has aptly called it, "The physician's third hand." The reel consists of a metal sleeve or jacket, to which side springs are attached with the ends bent inward

at right angles, thus forming prongs or pivots upon which the reel will revolve. These are sharpened to a point, so that they will enter the roll easily; ears or flanges are soldered at the butt of the



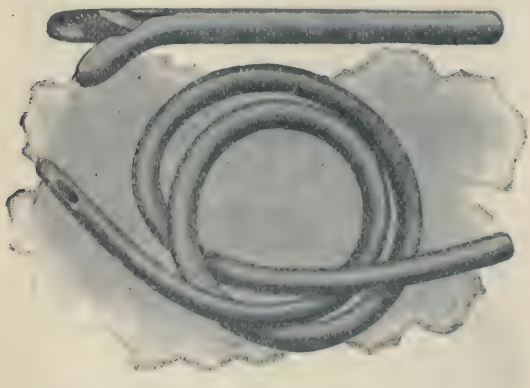
pivots, to ensure a free, easy tension.

The reel is attached to the packer by slipping the sleeve over the end of the tube until the spiral of the spring comes directly beneath the finger-holes. It is then firmly secured by a thumb-screw. To insert the gauze, pull the springs apart and press the pivots firmly into the center of the roll.

Economy with convenience is assured in the use of this reel, as the price is set at $1.00 each.

PNEUMATIC-END CATHETER.

Owing to the many objections that have been found to the solid-end flexible catheter, and almost equally to the hollow ended form in the treatment of



certain conditions, the manufacturers have sought to evolve a form that should meet all the requirements of a catheter for work on hypertrophy of the prostrate or dilatation of the bladder. They believe that they have now found the solution in the device herewith presented. The end below the eye is inflated, being of such a shape as to exclude foreign matter, but permitting air to enter; the end is closed below the eye but at the same time it has all the softness of an air-cushion. In this form of catheter, all the advantages of the solid-end type are realized; it does not carry infection and the end is sufficiently rigid to permit of penetration. It is, however, equally soft and flexible with the hollow-end. The enclosed air-space gives life to the tip, causes it to tend to constantly preserve its shape, to resist compression steadily, to exert an enlarging effect and to center truly in the passage explored.

The catheters are made of the best material and are easily cleansed. They come in the customary sizes and retail to the physician for twenty-five cents apiece.

SANITARY POCKET CUSPIDORE.

Physicians are practically unanimous in stating that there is grave danger of infection from the sputum of consump-

tives and therefore some method that insures the proper care of the sputum is something of interest to all. This device is a full nickel-plated cuspidore,

four and one-quarter inches in length, designed to fit easily into the pocket. It is withdrawn under cover of a handkerchief, when pressure on the top permits the cover to fly open. The sputum is deposited into the funnel-shaped opening, and the cuspidore returned to the pocket.

Being made of metal, it is non-breakable, and a rubber ring about the cover prevents it from leaking. When it is desired to clean the cuspidore, the rubber ring is removed and the receptacle boiled; or, it may be flushed with hot water or a carbolic solution. One hand alone may be used in handling this device and its presence in the handkerchief attracts no notice. The price of the device is $2.00 each.

IMPROVED SYRINGE FOR WOMEN.

The fact that there is so large an assortment of syringes for women on the market proves their popularity and improvements in form or in ease of application are constantly being made. One of the latest ideas in syringes is embraced in the one illustrated herewith. It admits of use for both vaginal and rectal injections and when utilized for the former it prevents leakage of the liquid used. The flexible rubber portion fits closely against the parts and, when the bulb is released the liquid returns to the syringe, carrying with it the discharges. It thus acts as a pump, and the same amount of injection can be used over and over again until cleanliness is established.

The chief feature of novelty in the syringe is the tip, which is adjustable after the manner of the brass nozzles in common use on garden hose. By turning the tip the user is enabled to produce a varying amount of liquid, from a fine and soothing spray to a flood of water. The syringe is well and strongly

made, of good material, and retails to the profession for the sum of $2.25.

Pointers for Everyone.—Nothing hurts a self-made martyr like being ignored.

Much of the milk of human kindness tastes of the pump.

Even the women of few words is continually warming them over.

A man growls, a woman smiles—and the latter gains her point.

It is one thing to do a good act and it is another to say nothing about it.

One of the greatest pleasures in life is to be found in counting the money we expect to make.

It isn't the little a man has but rather a desire for more that puts him in the poverty-stricken class.—(*Chicago News.*)

THERAPEUTIC BREVITIES

Urinalysis Suggestions.—The worker in urinalysis can scarcely fail to find much that is of benefit to him in a careful reading of the late Dr. Charles W. Purdy's book on "Practical Urinalysis and Urinary Diagnosis." This manual, though not new, is still found to contain practically that which is necessary for the investigator to know, and moreover the text has the weight of authority. With these facts in mind, it is interesting to note what Purdy has to say on the various tests at hand for the detection of the presence of albumin in the urine. He says very properly that the chief clinical interest with regard to proteids in the urine will probably always center about serum-albumin and he then goes on to detail the means by which the presence of the suspected proteid may be shown.

In all, seventeen tests are given in detail, but the chief interest centers on the ferrocyanic test, of which Purdy has the following to say:

"This test is exceedingly simple and rapid in application, as follows: Into the bottom of a clean test-tube is poured 15 to 30 drops of acetic acid, then about two or three times that amount of solution of potassium ferrocyanide (1 to 20) is added, and the two thoroughly mingled by shaking the tube. The urine is next added, to the depth of two-thirds of the test-tube. If albumin be present, it will be precipitated throughout the whole volume of the urine in the form of a more or less milk-like, flocculent cloud, according to the quantity of albumin present. The ferrocyanic test *applied by the above method* avoids the mucin reaction, and precipitates all modifications of albumin, acid and alkaline. On the other hand, it gives no reaction with phosphates, urates, peptones, the vegetable alkaloids, or the pine acids. This test may also be applied as follows: Fill an ordinary test-tube half-full of urine, and add a drachm or so of potassium ferrocyanide solution (1 to 20). After thorough mingling of the urine and reagent, add a few drops (10 to 15) of acetic acid, and if albumin be present it will come plainly into view. This is a most trustworthy test, if applied by either of the above methods, and it may be depended upon for the detection of albumin in the urine, either in large or small amounts, without further corrections. Any precipitate produced by this test, when applied as above, *is albumin, and nothing but albumin.*"[1]

This certainly appears to be definite enough. It is to be noted that Purdy is thoroughly in earnest about what he says and that he is insistent upon the test being carried out precisely as he says it shall be. The very convenience and simplicity of the test should be one of its strongest recommendations to the physician who is making the examination. No heat is required, the test is easily carried out, even by unskilled hands, and the result is immediate and convincing. When the urine has been permitted to stand for some time the albumin already shown forms a characteristic precipitate in the bottom of the tube, and a rough quantitative estimate may be made.

Purdy adds the following characteristic paragraph to what he has to say on the advantages of the ferrocyanic test for albumin: "Over ten years since, (1895) the author claimed (Journal of the American Medical Association, January 19, 1884) that the ferrocyanic test for albumin was the most ready and trustworthy of the list. Again, in 1886, the author wrote (Bright's Disease and Allied Affections of the Kidneys, p. 43): 'Subsequent use has shown me that this test is the least liable to errors of all tests for albumin in the urine, if properly applied.' The fact that within the past five years the ferrocyanic test has been given the preference in many of the leading laboratories and clinics in Continental Europe over all others only confirms the author's views both then and now."

What He Needed.—"He says he fell in love with her at first sight." "Perhaps I can be of service to him. I know a first-class oculist."—(*Philadelphia Bulletin.*)

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1 It is improper to apply this test by previous acidification of the urine, because it is only by adding the ferrocyanide solution to the urine first or with the acid that the latter is prevented from precipitating the urinary mucin.—Purdy.

Carbolic Acid in Scarlet Fever.—Interest among members of the profession in specific treatment appears to be constantly on the increase and results of experimentation along this line are carefully watched. Considerable work with carbolic acid has been done lately in the treatment of grippe by Dr. Arthur Wigglesworth, of Liverpool, who has reported several cases of successful treatment with this medication. The same physician has had considerable success in the treatment of scarlet fever by the same means. His method consists in persisting in the treatment to the point of causing carboluria, maintaining this condition in the patient until the fever has thoroughly abated. This might well be expected to cause renal complications, but Dr. Wigglesworth's reports show that in his experience only three patients exhibited symptoms of this difficulty and then in a very mild form.

Another point of the treatment is the claim that the infection from patients under the action of the carbolic is a very mild one, which however, is said to be entirely efficacious in securing permanent immunity. Dr. Wigglesworth suggests that it would be advisable to permit children to contract the disease in its light form from patients under treatment rather than to let them run the risk of taking the disease in a more dangerous form later on. This procedure must of course be subject to the permission of the parents and until the treatment is more thoroughly demonstrated it is probable that little can be accomplished along this line. But any suggestion that will lead to reducing the mortality of so common a disease as scarlet fever can scarcely fail to obtain the interest of the profession, while a chance of lessening the probability of its becoming epidemic, especially among children, will be gladly welcomed, as much by physicians as by the parents of the children themselves.

Dr. E. S. Sherrill reports a satisfactory treatment of achild with carbolic acid for scarlet fever. The acid was exhibited in large doses, the patient being eight years of age, and receiving two minims of the acid every two hours. Dr. Sherrill's method was to make a mixture of one drachm of carbolic acid, one ounce of glycerine and water enough to make four ounces. The patient was given a teaspoonful every two hours, each dose therefore containing the amount mentioned. While one case is of course not sufficient to base a judgement upon, Dr. Sherrill states that the results were all that could be desired. The fever rapidly subsided, and all untoward symptoms were promptly brought under control. The treatment is worthy of a trial, at least, and we shall be glad to hear the results of any physician's treatment of scarlet fever with carbolic acid, either for or against the treatment.

Red Sulphuret of Arsenic for Abscesses.—Dr. Henry H. Cook reports that he has met with the greatest success in treatment with the red sulphuret of arsenic for abscesses and pus formations. In one of his recent cases the patient was suffering extremely from suppurative otitis media. The incision had failed to heal properly, and the amount of pus from the ear and from the incision was quite large. Temperature was high and the suffering was so intense that the patient had to be kept under the influence of morphine for some time. The treatment consisted in administering one 1-50 grain tablet of the red sulphuret of arsenic three times a day the first day, two tablets three times a day and the second day and three tablets three times a day on the third day of treatment. Treatment was then discontinued for a day and then resumed as before. By this time the temperature had subsided and the patient was so relatively free from pain as to render the continued administration of morphine unnecessary. Within a short time the patient was able to sit up in bed; she was free from pain, and at the time Dr. Cook made the report she was making an uninterrupted recovery.

The red sulphuret is also found to be of great value in treatment of feruncles and carbuncles, in the dosage mentioned above. Pain is promptly relieved, temperature reduced and the general condition of the patient much improved within a short time. In cases in which abscesses appear in crops the same preparation is well-nigh ideal. One case is reported of a woman who had a crop of seven abscesses in the bend of the elbow. As soon as one set reached a certain stage of development, another set appeared and the

condition of the patient was rapidly growing serious. The administration of the sulphuret checked the growth, improved the condition of those already formed, and permitted a speedy recovery. This form of treatment is said by those who have made use of it to wholly surpass in results the treatment by calcium sulphide. "It is better by a long shot," is the way one physician puts it.

The Use of Pure Icthyol.—Several physicians have found the continued use of pure Icthyol, pushed to a large dosage, of inestimable benefit in the treatment of tuberculosis, particularly in cases of advanced stages of the disease. One of the most convincing reports on the use of Icthyol is contained in that of the Loomis sanitarium, at Liberty, N. Y. Here there was a total of 64 cases. Of these, 17 were incipient, 39 moderately advanced and 8 far advanced. Treatment was begun with a dose of six to eight grains a day, gradually increasing the amount given until the patients were taking between 20 and 30 grains three times a day. Under this treatment the most gratifying results were obtained. Seventeen per cent were cured, 63 improved, and in 8 cases the disease was held in check, the patient's condition remaining stationary. In only 12 per cent was the effect of treatment not to the advantage of the patient. While this report is of course not entirely conclusive, it should have some effect in making physicians turn to the use of Icthyol when they are treating a tuberculous patient who is already in an advanced stage of the disease. It is particularly valuable in cases in which suppuration is present.

Plague in India.—The *Philadelphia Medical Journal* gives the following statistics: Although the advent of the hot weather has somewhat diminished the occurence of the plague in India, there are still about 14,000 deaths weekly in the Punjab. The squirrels at Hassan, Mysore, caught the disease and have been completely wiped out. Both Delhi and Simla are free from the disease.—It is announced that 8 specially trained Japanese physicians have recently been engaged for the purpose of combating the plague at Hong Kong.

NOTES & COMMENT

Some of Dr. Long's "Millions."—"Recently there was referred to me by a medical acquaintance a specimen of semen, voided a little while before and amounting to six cubic centimeters," says Dr. A. L. Benedict, of Buffalo, N. Y., writing to the *Philadelphia Medical Journal*. "Many living spermatozoa were seen and, indeed, they were in active motion for six or seven hours afterward, though not kept above the ordinary room temperature. As the statements in text-books are rather vague as to the number of spermatozoa, it occurred to me that it might be of interest to put on record an enumeration, made with the Zeiss hemocytometer. A number of previous experiments had demonstrated that ordinary semen should be diluted about twice, to facilitate counting. I used both the Toisson solution and a half per cent. alcohol solution of dimethyl-amido-azobenzol, the latter staining smears so that heads appear bluish. In the chamber, neither of these diluents produced an appreciable stain and I had previously used potassium dichromate solution without securing a stain. However, by constantly adjusting the focus, the high refraction of the heads and the tails enabled the counting to be done without much trouble. The dilution is best effected by shaking in a graduated tube, using not less than 1 cc. of semen to avoid errors in measuring. From one to 21 spermatozoa heads were found in a square, the average being 7.21, corresponding to 57,680 spermatozoa per cubic millimeter. Thus, the entire emission contained over 346,000,000. Average emission, however, contains only from two to four cubic centimeters. It occurs to me that some one may find it of interest to investigate this matter at great length. As it has no direct bearing on my line of practice, it would scarcely be worth while for me to continue the investigation."

How It Works.—

Battle Creek, Mich., 6-20-02.

Mr. William E. Metzger,
Detroit, Mich.

Dear Sir:—

Thinking perhaps it would be interesting to you to know some of the details of a trip taken with one of your carriages through this country, I will mention a ride I have just taken from Battle Creek to Detroit and return.

The load carried was perhaps more than one would ordinarily take in a carriage of this kind over country roads. I took with me Mrs. Burt and our little son, nearly six years old, and quite a quantity of baggage. Leaving here Sunday morning, June 8th, after having had very severe rain storms on the 5th, 6th, and 7th, the roads were soft and in poor condition from here to Grass Lake, nearly one-half the distance. However, the trip was made from Battle Creek to Detroit in thirteen hours and eight minutes, a distance of 125 miles, sufficient proof that the "Oldsmobile" will do country work very satisfactorily indeed. I believe I am safe in saying I can go anywhere with an Oldsmobile that a horse can go. To be sure, one must not expect with so light a carriage, to climb sand hills and exceedingly hard places at a clip of twenty or thirty miles an hour, as is done by some of the large touring cars on European roads.

Our trip was made including a week's stay in Detroit, covering in all, probably five hundred miles, without accident or trouble of any kind, except on the return trip I was unfortunate enough to get some poor gasoline and was bothered a little one afternoon by the motor missing explosions.

Wishing you the success you deserve with this remarkable little runabout, I am,

Yours respectfully,
Harry E. Burt.

Score One for Alabama.—Judge Tyson, of Alabama's Supreme Court, has knocked out one of the props of osteopathy in that state. E. Eugene Bragg, a practicer of osteopathy, in effect mandamused the state to show cause why he should not be given a special license to practice his belief, on the ground that it was not the "practice of medicine." This was based upon the old contention that no drugs were administered and no operations undertaken in osteopathic treatment. Judge Tyson, of the Supreme bench, overturned the contention. His opinion says in part:

"Thus it is made entirely clear both by definitions and history that the word medicine has a technical meaning, is a technical art or science, and as a science the practitioners of it are not simply those who prescribe drugs or other medicinal substances as remedial agents, but that it is broad enough to include and does include all persons who diagnose diseases and prescribe or apply any therapeutic agent for its cure.

"The very first enactment on the subject (1823) prohibiting any person from prescribing for the cure of diseases for fee or reward without obtaining a license is a clear, unequivocal and unmistakable declaration of the legislative purpose to deal with medicine and the practice of it in its broad and comprehensive sense—as a science or art of healing and curing diseases. And this purpose has been rather emphasized than otherwise in subsequent legislation on the subject.

"Our conclusion, therefore, is that the defendant was engaged in the practice of medicine within the meaning of the statutes."

That sounds rather definite, and the chances are that E. Eugene Bragg will not be given a license to ply his trade in Alabama.

Made Him Useful.—An exchange prints the following: "A Kentucky farmer, who has been severly ill for the past few months with fever, has been put to a new use during his illness. His wife, rendered desperate, both by her husband's illness and the lack of income dependent upon it, has discovered a method for utilizing the bodily heat of fever. She placed 48 eggs in her husband's bed,

so protected that they would not be crushed by his movements. Her experiment proved entirely successful, only 4 of the 48 eggs failing to hatch at the end of 4 weeks." That sounds all right, but the Kentucky woman had apparently been reading Bunner's "Told in France." It is a much better story as Bunner tells it, and his Tony was a more successful human hen than his Southern successor. —Ed.

Silk-Worm Glands.—The best silk-worm glands (sometimes called silk-worm gut) come from Italy, whence they are imported in large bundles. Until recently the glands were not specially prepared for surgical use, their chief utility being in the form of leaders for fish lines; now, however, they are being extensively prepared and used in surgery, some of the best operators making use of them for external as well as internal suturing. Adult silk-worms are made use of to furnish this material, and immediately after removal of the glands from the body of the worm they are immersed in a strong solution of corrosive sublimate, after which they are drawn out to the proper length and thickness for surgical use. There are still some concerns that make use of vinegar for the purpose of preparing the glands, but this procedure is dangerous, as the vinegar itself is often full of bacteria.

The glands have a great advantage over the so-called cat-gut sutures, which are really made from the intestines of sheep. In the latter, the fat and muscular fibre are separated by decomposition from the fibrous portion to be used as sutures. When this process is sufficiently accomplished, the fibres are twisted together to form the desired size; the only way in which freedom from infection from the material thus formed can be secured is to sterilize the twisted mass by dry distillation, and even when this procedure is followed, surgeons still use the cat-gut with more or less distrust. The glands of the silk-worm are, however, the ideal material for sutures, when properly prepared. They are indestructible when they are once imbedded; they are not absorbed and they do not absorb, and can be removed in a perfect state when they have served their purpose. They do not oxydize like silver wire and they do not produce stitch abscesses as silk ligatures sometimes do. If they are rightly prepared, they are the best possible material for suture work, and the constant increase in the demand for the high-grade goods is one of the surest tests of their efficacy.

An Invitation.—

St. Louis, Aug. 25, 1902.

Dear Doctor:—

The undersigned committee takes pleasure in announcing, that Prof. William Osler, of Johns Hopkins University, Baltimore, will deliver a memorial address on **"William Beaumont,** the first and greatest American Physiologist," under the auspices of the "St. Louis Medical Society of Missouri." The lecture takes place at the Odeon, on Saturday, Oct. 4th, at eight o'clock, p. m.

The medical profession of your city, and environments, is cordially invited to attend, and to honor our distinguished guest.

The subject to be presented, and the eminence of the essayist, make this occasion one of the greatest importance and interest. We ask your hearty co-operation, and beg of you to give this announcement the publicity, that it merits.

For the committee,

(Signed) Robert Luedeking,
Chairman.

Served Him Right.—Scene:—A drug store. Woman (a prospective customer) enters.

Woman—"Give me a bottle of Squantum's cod liver oil."

Druggist—"Yes, madam. Here is a bottle" (wrapping same up). "This is the cod liver oil you want. It is not Squantum's but then it is just as good, and being made by ourselves we know what is in it."

Woman (takes bottle and puts a button on the counter)—"Here is your pay. It is a perfect substitute for money and is just as good and much more useful. A fair exchange is no robbery. Thank you. Good day."—(*Ex.*)

BOOK REVIEWS

The Principles and Practice of Bandaging. By Gwilym G. Davis, M. D., University of Pennsylvania and Göttingen; Member of the Royal College of Surgeons, England; Assistant Professor of Applied Anatomy, University of Pennsylvania; Surgeon to the Episcopal, St. Joseph's and Orthopædic Hospitals. Illustrated with Original Drawings by the Author. Pages, 146. Price, Cloth, $1.50, net. P. Blakiston's Son & Co., Publishers, 1012 Walnut St., Philadelphia, Pa.

Davis tells his reader in this book of his just what it is necessary for him to know in order to be able to bandage a patient in any part of his anatomy. The author's familiarity with general surgery and his long work as an instructor admirably fit him for speaking with authority on this important subject. The book is eminently practical and the illustrations are remarkable in that they furnish an unerring guide to the text—something that we fear all illustrations for medical works do not entirely succeed in doing. The author's cleverness with his pencil as well as his pen has insured the book competent accompanying illustrations and a reading public that has long had to contend with more or less inferior specimens of the illustrator's art will gratefully thank Dr. Davis. The drawings are thoroughly practical and show just what the observer wants to know—how the bandage is to be prepared, how applied and how secured.

For so small a work, the book is remarkably exhaustive. Its conciseness is aided by its sensible division into three parts, comprising the roller bandages, the tailed bandages or slings and the handkerchief bandages. Methods of preparation are gone into with sufficient detail to furnish proper guidance, while the methods of application, for both the fundamental and the special bandages, are worthy of the highest praise. For the price of the book, the purchaser is practically assured of the means for providing a bandage for any condition that may present itself in his practice, however novel or out of the way the injury may be. It is a thoroughly good book, well written, well illustrated and well published. It should meet with the enthusiasm of the profession and should moreover find a ready sale among a not inconsiderable portion of the laity.

A Physician's Practical Gynecology. By W. O. Henry, M. D., Omaha, Neb., Professor of Gynecology in the Creighton Medical College. First Edition; Pages, 226, five full-page Illustrations and 61 Illustrations in the Text. Price, Cloth, $2.00. The Review Press, Publishers, Lincoln, Neb.

As may readily be inferred from the comparatively small size of this book, only the essentials have a place in it and each division of the work is treated of in the shortest manner consistent with a reasonably full explanation. The style is terse and crisp and the book is intended as a concise and convenient guide to the student and to the general practitioner. The ordinary gynecological diseases are mentioned and their diagnosis laid out for the benefit of the general practitioner of medicine, to whom, as the author points out, these cases first come for treatment.

Brevity of text is secured by the expedient of dividing each general consideration into sub-heads, and treating each briefly. Dr. Henry lays much of the responsibility for the prevalence of conditions requiring gynecological treatment at the door of the mothers of families, whom he accuses of not giving proper parental care to their daughters, either

from the mental or the physical side. He has some good things to say on the subject of the dangers of preventing conception and he denounces criminal abortion in unmistakable terms. He takes especial pains to point out the dangers that arise from lack of proper care of the woman during confinement and strongly recommends being over-careful and requiring the mother to keep her bed longer than it is absolutely necessary rather than permitting her to get up too soon. The whole book leans toward conservatism and care and contains many a helpful hint as to the best methods to pursue in gynecological cases. For compactness, it equals anything of the kind that we have seen and its price puts it within the reach of every student.

The book is quite fully illustrated, with cuts taken from the works of Thomas and Munde, and Garrigues.

Massage and the Original Swedish Movements. Their Application to Various Diseases of the Body. By Kurre W. Ostrom, from the Royal University of Upsala, Sweden. Fifth Edition, Revised and Enlarged, with 115 Illustrations. Pages, 173. Price, Cloth, $1.00, net. P. Blakiston's Son & Co., Publishers, 1012 Walnut St., Philadelphia, Pa.

Those who are interested in the study of massage and the Swedish movements in their relation to the alleviation of suffering and the amelioration of certain conditions will find practically what they want in Ostrom's book, which, though short, covers the ground in a satisfactory manner. The author has given numerous lectures and demonstrations of his work before the training schools for nurses in connection with several of the well known hospitals in Philadelphia and the subject matter of this book is made up principally from the material originally contained in these lectures. The fact that a book of this kind has reached its fifth edition must count for something and the present form of the book is an elaboration of previous issues; the entire text has been revised with a view to bringing it into relation with modern thought on the subject of massage. The book is addressed to the physician who desires to learn the principal points of massage as well as to the professional nurse and the *masseur*.

Due credit is given to Ling, the first creator of a scientific system of massage, and the author makes special reference to what Metzger has been able to do in the matter of introducing new ideas that are acceptable to physicians. A careful exposition of the four Metzger manipulations—*effleurage, frictions, pétrissage* and *tapotement*—is given and the Swedish movements are set forth in detail. Naturally, the author is a strong advocate of massage in certain conditions, but he does not make the error of claiming that it is a panacea. The illustrations, though somewhat quaint, are lucid and form a valuable adjunct to the text.

Woolsey's Surgical Anatomy. Applied Surgical Anatomy Regionally Presented, for the Use of Students and Practitioners of Medicine. By George Woolsey, A. B., M. D., Professor of Anatomy and Clinical Surgery in the Cornell University Medical College; Surgeon to Bellevue Hospital, Etc. Octavo, 511 pages, with 125 Illustrations, including 59 full-page plates in black and colors. Cloth, $5.00, net. Leather, $6.00, net. Lea Bros. & Co., Publishers, Philadelphia and New York.

Anatomy commands the respect of the student, partially from the difficulties he so frequently encounters in its study, and the practicing surgeon respects it for the indispensable aid which a knowledge of the science renders him in an operation.

For both student and practitioner, Woolsey's book should prove a necessary addition to the library. The former will find in it many difficulties met and surmounted, and the latter will find helpful subject matter along the lines upon which he is working. Anatomy and surgery are closely joined together and the author makes due recognition of this fact, writing always with a view to being practical. He establishes a sound foundation of fact and thereon he builds with care his superstructure of information and suggestion.

There are seven chapters in the book, each one dealing with a general region of the body and taking up each portion of that region in some detail. The author's twelve years of experience as a teacher of anatomy find their expression in the logical and clear arrangement of the text. Prefatorily the author remarks that an original work on the subject of surgical anatomy can no longer be written, owing to the number of excellent works already published by various writers; he adds that "A single author can only hope to contribute a fair proportion of original knowledge and to present a chosen aspect of the science in a clear and practical manner." In Woolsey's case, this hope appears to have been realized.

The Electro-Therapeutic Guide. By William F. Howe, M. D., Ph. D., M. E., and Homer Clark Bennett, M. D., M. E., Ph. G., D. P. Sixth Edition, Revised and Enlarged. Pages, 171. Price, Cloth, $1.00. Published by the Literary Department of the National College of Electro-Therapeutics, Lima, Ohio, 1902.

Brevity and conciseness characterize this handy little guide, which is designed for the instruction of the physician who is making use of any form of electrical appliance, from a small battery to a static machine. Its popularity is evidenced by the fact that it is already in its sixth edition, and its pages are full of helpful notes on electricity and its manifestations, couched in simple language and therefore readily understood. It contains a number of illustrations, setting forth the general designs of electrical appliances and their uses, together with a short, sensible talk on the nature and the merits of each. For the busy man, who has still something to learn about the use of electricity—and who has not?—this little guide should prove of much interest. Its small size is greatly in its favor and between its covers is a great deal that is instructive and practical.

The differences in the kinds of currents used are pointed out and a general talk is given on the uses of each. In this connection is published a list of the standard treatments for ailments, conciseness being secured by an easily understood system of abbreviation. The book as a whole is not addressed to the specialist who is already familiar with the uses of the different electric currents, but to the beginner who is willing to be told some of the fundamental theories and facts in connection with electrical treatment. All such will find something useful in the book.

The Composite Man, as Comprehended in Fourteen Anatomical Impersonations. By E. H. Pratt, A. M., M. D., LL.D. Third Edition. Pages, 233. Price, Cloth, $1.50. The New Age Publishing House, Publishers, 100 State St., Chicago.

This little book is apparently intended as a text-book for schools, to serve as a means for teaching something about the human organism to children. The language sometimes about the human organism to children. The language is well calculated for this purpose, being simple and discursive in style, dropping hints here and there that young people would

be quick to pick up and remember more definitely than they would if the same information were to be brought to them in some cut-and-dried fashion. Fourteen plates, full-page, are published and the text speaks in an impersonation of the individual that is supposed to be talking. There are the bony man, the muscular man, the arterial man, and so on, each plate showing the human frame as it would appear if each system could exist independent of the other. The words of each figure in the impersonation are jocose and humorous, while they carry with them considerable information.

It is an entertaining little book, which has already met with kindly encouragement from a large number of its readers and its introduction into several schools will undoubtedly do much to still further popularize it with the public in general. Many physicians have indorsed it.

Electro-Therapeutics, Radiography, Thermo and Hydro-Therapeutics are practically and thoroughly covered in the Journal of Advanced Therapeutics (800 pages, issued monthly, $3.00 per year.)

The reader is invited to join the "Founders" Club, and to all who order during 1902 the price is $2.00 for the first and each succeeding year. It is only requisite that you address following order to "Advanced Therapeutics," 156 Fifth Ave., New York. Send me until countermanded (to Dec., 1902, free) the journal commencing Jan., 1903, per year $2.00, for which I will pay at the close of the year.

Paris Against Tuberculosis.—The fight against tuberculosis is being carried on vigorously in Paris. The Society for the Prevention of Tuberculosis has obtained permission to have printed on the back of all paper used for prescriptions in the Paris hospitals a detailed description of the symptoms and treatment of tuberculosis. It is hoped always to keep before the poor of the city, especially those suffering from illness, the dangers of the dread disease.—(*Philadelphia Medical Journal.*)

THE OLD OAKEN BUCKET. A HYGIENIC VIEW.

With what anguish of mind I remember my childhood,
Recalled in the light of a knowledge since gained,
The malarious farm, the wet fungus-grown wildwood;
The chills then contracted that since have remained;
The scum-covered duck-pond, the pig-sty close by it,
The ditch where the sour-smelling house drainage fell,
The damp, shaded dwelling, the foul barnyard nigh it—
But worse than all else that terrible well.
And the old oaken bucket, the mold-crusted bucket,
The moss-covered bucket that hung in the well.

Just think of it! Moss on the vessel that lifted
The water I drank in the days called to mind;
Ere I knew what professors and scientists gifted
In the waters of wells by analysis find;
The rotting wood fiber, the oxid of iron,
The algae, the frog of unusual size,
The water, impure as the verses of Byron,
Are things I remember with tears in my eyes.

And to tell the sad truth—tho' I shudder to think of it—
I considered that water uncommonly dear,
And often at noon, when I went there to drink it,
I enjoyed it as much as I now enjoy beer.
How ardent I seized it with hands that were grimy,
And quick to the mud-covered bottom it fell,
Then reeking with nitrites and nitrates, and slimy
With matter organic it rose from the well.

Oh, had I but realized in time to avoid them—
The dangers that lurked in that pestilent draft—
I'd have tested for organic germs and destroyed them—
With potassic permanganate ere I had quaffed.
Or perchance I'd have boiled it, and afterward strained it
Through filters of charcoal and gravel combined;
Or, after distilling, condensed, and regained it
In potable form, with its filth left behind.

How little I knew of the enteric fever
Which lurked in the water I ventured to drink,
But since I've become a devoted believer
In the teachings of science, I shudder to think.
And now, far removed from the scenes I'm describing,
The story of warning to others I tell,
As memory reverts to my youthful imbibing
And I gag at the thought of that horrible well,
And the old oaken bucket, the fungus-grown bucket—
In fact, the slop bucket—that hung in the well.

(J. C. Bayles in Merck's Archives.)

Sincere Gratitude.—"Dear Doctor—When I began using your hair medicine three months ago you assured me that my hair would not trouble me much longer. I take pleasure in stating that you spoke the truth. Could you give me the address of a good wig maker?"—(*Baltimore American.*)

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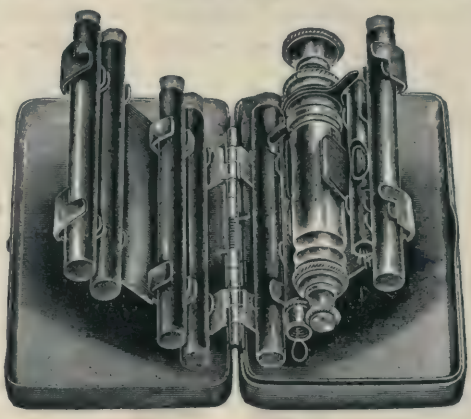

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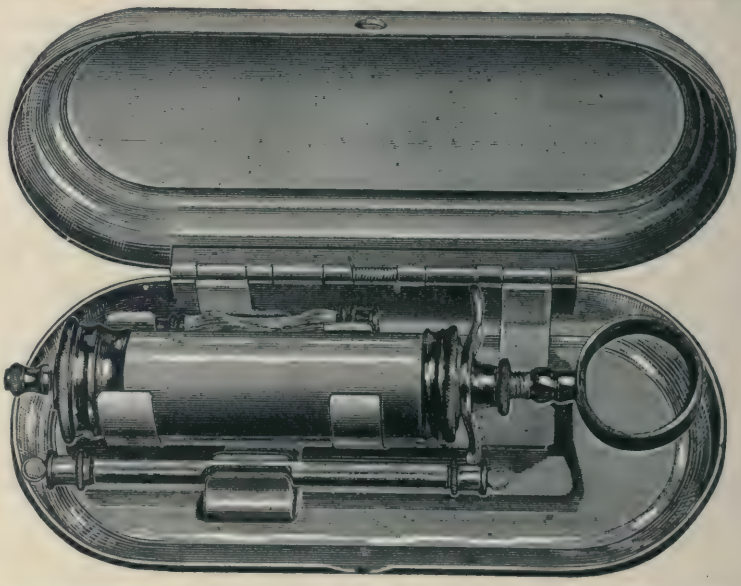

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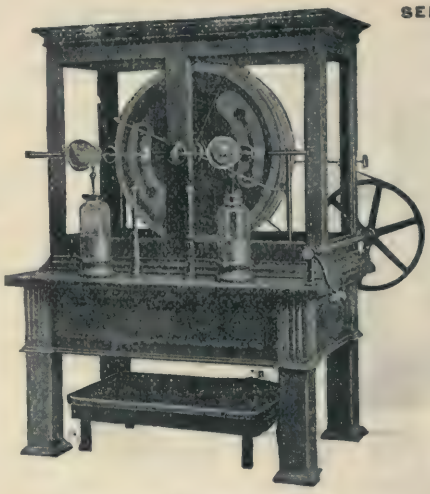

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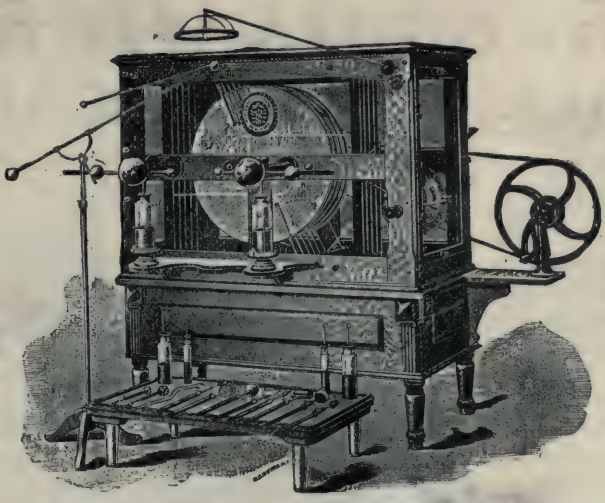

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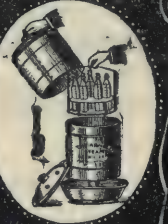

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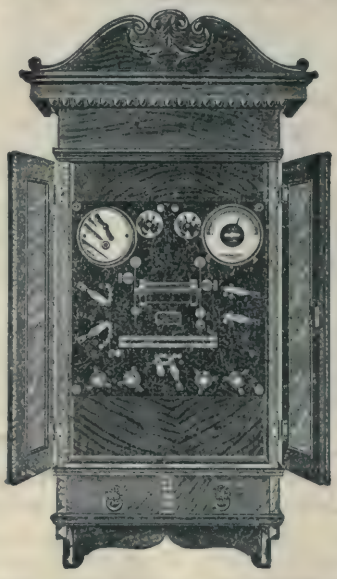

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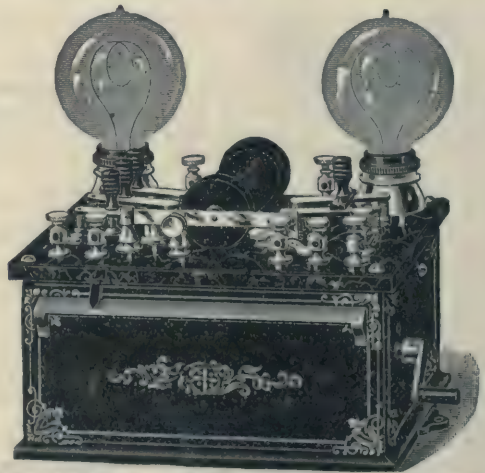

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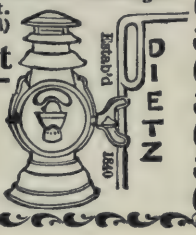

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ONE OF THE RESEARCH LABORATORIES

THE STABLES

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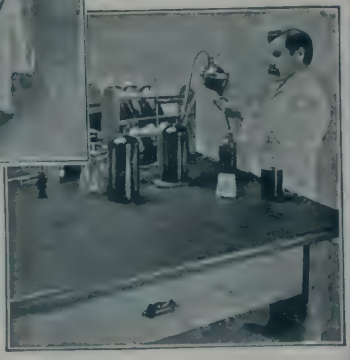

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THE VACCINE LABORATORIES

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THE STABLES

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HOW MULFORD'S VACCINE IS MADE

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in which the inoculation of animals and collection of virus are executed, is maintained so rigidly aseptic that in it abdominal operations upon the human being could be safely performed. Everything connected with the collection of virus—instruments, apparatus, towels, etc.,—are sterilized by the most approved methods. The entire room is daily flushed with antiseptic solutions and disinfected with formaldehyde.

THE COLLECTION OF VIRUS

COLLECTION OF VIRUS

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Mulford's Glycerinized Vaccine is of uniform potency and activity. After trituration, the glycerinized virus is stored and subjected to repeated bacteriologic and physiologic tests.

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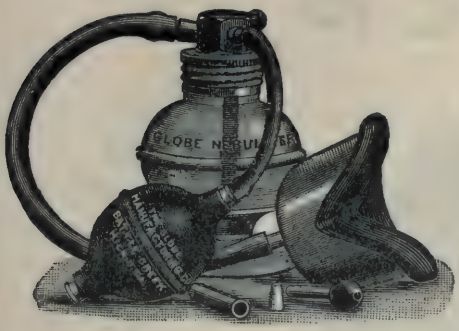

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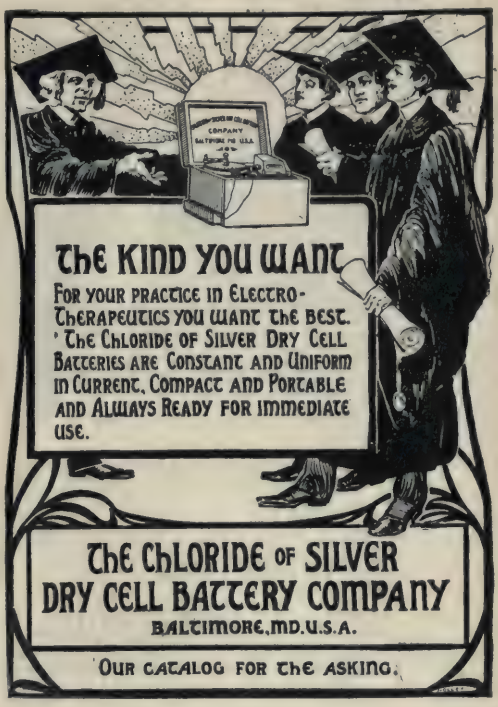
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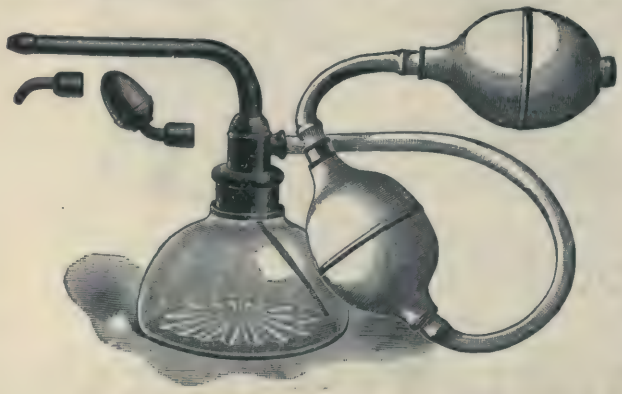

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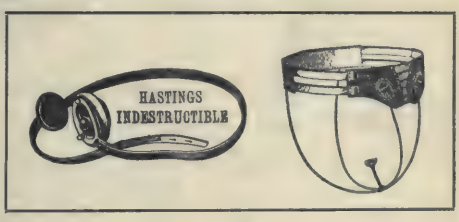

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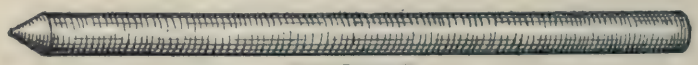

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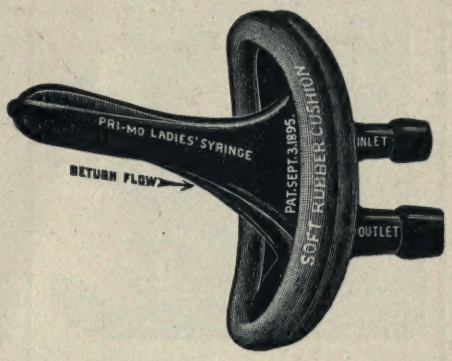

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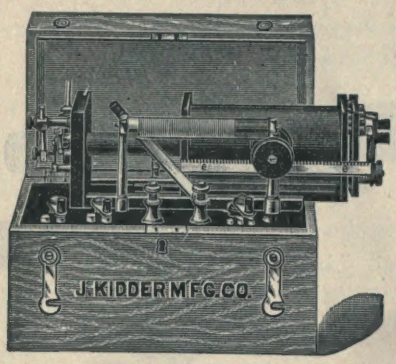

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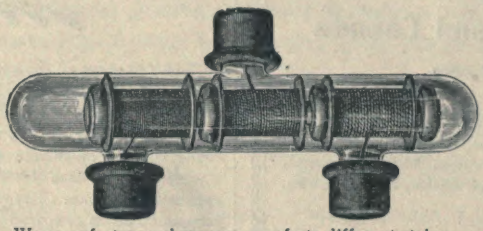

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